



Please arrive at your scheduled appointment time. Late arrivals may be asked to reschedule, which could result in cancellation fees. Approximate appointment times are noted below beside each test in brackets.



For your safety, comfort and privacy, please notify us in advance if you require accommodations or plan to be accompanied by a caregiver or family member.



PLEASE NOTE: The Treadmill Stress Test and Nuclear Stress Test require you to modify your medication. Please see instructions listed below for which modifications these apply to.

Echocardiogram (45 min.)

Location: King George Fredericksburg

1. Please do not apply lotion or powder to your chest the day of the test.
2. You may take all your medications prior to testing.

Appt. Date: _____

Time: _____

ALL TESTS BELOW ARE AVAILABLE IN OUR FREDERICKSBURG LOCATION ONLY.

Venous/Reflux/Arterial Ultrasound (1 hr.)

1. You may take all your medications prior to the testing.

Appt. Date: _____

Time: _____

Abdominal/Renal/Iliac (IVC)/Mesenteric Ultrasound (45 min.-1 hr.)

1. Do not eat or drink anything 6 hours prior to testing (water is ok).
2. You may take all your medications prior to testing.

Appt. Date: _____

Time: _____

ABI (30 min.)

1. Avoid any caffeine, alcohol or smoking 1 hour prior to testing.
2. You may take all your medications prior to the testing.

Appt. Date: _____

Time: _____

Carotid Ultrasound (30 min.)

1. Please do not wear anything tight fitting around your neck.
2. You may take all your medications prior to the testing.

Appt. Date: _____

Time: _____

Plain Stress Test (PST) or Stress Echocardiogram (up to 1 hr.)

Appt. Date: _____ Time: _____

1. Do not eat or drink 4 hours prior to testing (water is ok).
2. Wear comfortable clothing and shoes for the treadmill.
3. Avoid caffeinated/decaffeinated products: coffee, tea, soda and chocolates for 12 hours prior to testing.
4. Stop medications listed to the right on this form as directed. Please bring them with you, and we will have you take them at a certain point during the test. Take all other medications.*

Nuclear Stress Tests (Exercise and Medication) (up to 4 hours)

Appt. Date: _____ Time: _____

1. Testing takes approximately 4 hours to complete. An IV will be started after arrival.
2. Do not eat or drink anything besides water to hydrate for the IV for 4 hours prior to testing.
3. Do not use tobacco products 12 hours prior to testing
4. Avoid caffeine, decaffeinated products: coffee, tea, soda, and chocolates 24 hours prior to testing.
5. Stop medications listed to the right on this form as directed. Please bring them with you, and we will have you take them at a certain point during the test. Take all other medications.*
6. Wear appropriate clothing and shoes for a treadmill.

MEDICATION TO HOLD FOR STRESS TESTS

Applies to Plain Stress Test (PST) or Echocardiogram and Nuclear Stress Tests (Exercise and Medication)



HOLD FOR 24 HOURS

Beta Blockers

- Zebeta/Bisoprolol
- Tenormin/Atenolol
- Coreg/Carvedilol
- Corgard/Nadolol
- Inderal/Propranolol
- Betapace/Sotalol
- Bystolic/Nebivolol
- Lopressor/Metoprolol Tartrate
- Toprol XL/Metoprolol Succinate



HOLD FOR 48 HOURS

- Viagra/Sildenafil
- Levitra/Vardenafil
- Nitroglycerin

- Cialis/Tadalafil



Take all other medications as prescribed unless otherwise directed by your physician



I have read the above instructions; I am aware of the \$100-\$280 cancellation/no show fee if I do not cancel my appointment 24 hours prior or fail to follow instructions as directed.

Patient/Guardian Signature: _____

DOB: _____