



NUCLEAR STRESS TEST INSTRUCTIONS LEXISCAN (“CHEMICAL”)

IMPORTANT: Please CAREFULLY read and comply with all instructions in order to avoid rescheduling.

** ONLY THE PATIENT IS ALLOWED BACK DURING TESTING**

24 HOURS BEFORE YOUR TEST

- **NO CAFFEINE**- No coffee or tea of any kind
- **NO DECAF OF ANY KIND**
- **NO** soda or chocolate
- **NO** medications containing caffeine; Excedrin, Anacin, etc

Please take ALL blood pressure medications as prescribed.

THE DAY OF THE TEST

- Nothing to eat or drink (*other than water*) 4 hours before the test.
- *** Please drink *at least* 16oz of water before coming to appointment.
- **TAKE** all your usual medications except any containing caffeine.
- **If you have diabetes**, please talk with your ordering physician about restrictions.
 - **Take ½ your dose** of insulin the morning of your test. **Bring the remaining dose with you.**
 - **Do NOT take** sugar lowering medications (**Metformin**) until after the test is complete. **Bring in with you.**
- Please wash chest area and avoid oil, lotion, powder and perfume.
- Chest hair can interfere with the placement of the EKG electrodes, please shave your chest prior to your appointment if needed.
- Wear a comfortable two-piece outfit; avoid wearing dresses, jumpsuits or shirts with metallic buttons or zippers on the chest area.
- After stress testing has been completed, you will be able to eat a small snack. Please be sure to bring a small snack.

ALLOW 3-4 HOURS TO COMPLETE THE EXAM: Bring something to occupy your time.

**** Please be aware that if your BMI is >40, your testing will be split into two days (1.5 hours each day.)**

**** No smoking will be allowed during the test. It is advised you DO NOT smoke prior to the test.**

**** A \$250 CANCELLATION FEE WILL BE INCURRED IF YOU DO NOT COMPLY WITH THE INSTRUCTIONS ABOVE, OR CANCEL YOUR APPOINTMENT WITHIN 2 BUSINESS DAYS. IF YOU ARE UNABLE TO KEEP YOUR APPOINTMENT, PLEASE CALL 480-699-5536 TO RESCHEDULE.**

By signing, I agree to the above instructions and cancellation fee policy:

Printed Name

Signature

Date