



Stress Echo Instructions

Patient Name

Medical Record #

Note - Our office will call to verbally confirm your appointment the day before your test. If you are unable to make it to your scheduled appointment, please call 682-499-1777 **at least 24 hours ahead**. If any insurance related complications with the pre-authorizations arise, our office will inform ahead of time to reschedule your test.

Requests:

- Please DO NOT bring children under 10 years of age to the appointment
- Please arrive **10 minutes early** for your scheduled appointment. If you are more than 15 minutes late, you will be rescheduled.

Preparing for the test:

- **DO NOT** use any creams, lotions, ointments, oils, or powders over the chest or stomach area
- Wear comfortable clothing and **walking shoes; women – no dresses please**
- If you use a **Nitro patch**, please **remove it 2 days prior** to your test
- Please bring a list of medications and/or actual bottles (including over the counter and herbal supplements). We need **complete** medication names & dosages.
- If you use an inhaler, please bring it with you to your appointment
- Please inform **if you are pregnant, breast feeding, or think you may be pregnant**
- Feel free to bring a light lunch or snack for after the test

24 Hours Before

DO NOT take beta-blockers	ex: Sectral (Acebutolol), Tenormin (Atenolol), Zebeta (Bisoprolol), Lopressor & Toprol XL (Metoprolol), Corgard (Nadolol), Coreg (Carvedilol), Bystolic (Nebivolol), Inderal & InnoPran XL (Propranolol)
NO Calcium Channel Blockers	ex: Norvasc (Amlodipine), Cardizem & Tiazac (Diltiazem), Felodipine, Isradipine, Nicardipine, Adalat CC & Procardia (Nifedipine), Sular (Nisoldipine), Calan & Verelan (Verapamil)
NO Caffeine products after 8 pm the night before the test	ex: coffee, tea, chocolate, colas, energy drinks, some pain relievers (Anacin, Aspirin, Excedrin), Theophylline, noncaffeinated, decaffeinated, and caffeine-free products <div style="text-align: right;">_____ (initial)</div>

4 Hours Before

- **DO NOT** eat or drink anything after midnight for morning appointments
If your appointment is scheduled late in the afternoon, **DO NOT** eat or drink **for at least 8 hours prior**

Morning of the test

- **DO NOT take oral diabetes medications and blood pressure medication at home.** Please bring any diabetes medications and **all blood pressure medication** with you to take after the test.
- If you take insulin, take half the prescribed dose in the morning, and bring the other half with you
- Continue all other medicines as scheduled; you may take medicines with sips of water
- Please bring a **light lunch** to have after the test



Viral Lathia, MD

After the test

- You can continue your daily activities
- Dr. Lathia will discuss the test results (results are not given on the same day)

Ultrasound Imaging Waiver

You have been scheduled for an Ultrasound Imaging study. This procedure requires us to schedule a consulting Ultrasound Technologist who charges a fee per ultrasound. By signing this form, I understand that I am responsible for the technologist fee and agree to pay the applicable amount as mentioned above if I do not show up for my scheduled appointment(s) or give a notice to cancel or reschedule.

_____	X	_____	X	_____
Date		Patient Signature		Witness Signature