



GWINNETT CLINIC

GWINNETT CLINIC CARDIOLOGY

TEST LOCATION:

475 PHILIP BLVD, SUITE 200

LAWRENCEVILLE, GA 30046

P: (678) 226-6200 FAX: (678) 240-2152

NUCLEAR STRESS TEST INSTRUCTIONS

1. If you have *not* received a confirmation call 24-48 hours prior to your scheduled appointment, please call 678-226-6200 to confirm. If you are not able to reach a representative, please call 770-765-1101 to confirm the appointment. Otherwise, we will assume you are not coming and cancel the test.
2. This test is done in the Lawrenceville office on the 2nd floor. **Please check-in at the 2nd Floor Radiology Desk.**
3. Please bathe the morning of your test. Do not apply lotion, oil, or perfume to your chest or abdomen, because the EKG leads will not adhere properly. You may use antiperspirant/deodorant – they do not interfere with the test.
4. Please **DO NOT** smoke cigarettes or use any tobacco products on the day of your test.
5. Do not eat or drink **8 hours before** the test, and **do not have any form of caffeine 24 hours prior**. This includes coffee, tea, soda, and/or chocolate. Decaffeinated products still contain trace amounts of caffeine, so avoid these as well.
6. You will be on a treadmill (unless otherwise indicated by your doctor), so please wear appropriate clothing.
 - Wear comfortable exercise clothes and sneakers/exercise shoes (**NO** flip flops / sandals or your test will be rescheduled). Be prepared to walk/run on the treadmill.
 - Please make sure there are **no metal buttons, snaps, or trim on any of your clothing. Please do not wear bras with underwire.**
7. **Allow up to 4 hours for the test.** Some of the time is spent waiting for the next stage of the test.
8. You may bring any medications, food, or drink with you to take immediately after your test.
 - Please bring a fatty non-caffeinated snack with you (example: cheese or nuts).
9. If you are diabetic, you should check with your physician concerning fasting and taking insulin on the day of your test.
10. Please bring a current list of medications you are taking, as well as your test order form.

Instructions can be found online: www.gwinnettclinic.com/HeartTest

***** PLEASE SEE BACKSIDE FOR INSTRUCTIONS REGARDING ANY CURRENT MEDICATIONS YOU MAY BE TAKING*****

If you do not see your medication on this list, please double check with your Physician or Medical Assistant whether or not you should take your medications on the day of your test.



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THE FOLLOWING MEDICATIONS **SHOULD NOT** BE TAKEN THE DAY PRIOR TO OR THE DAY OF YOUR TEST:

ADALAT (Nifedipine)	DYNACIRC	SECTROL (Acebutolol Hydrochloride)
ATENOLOL (Tenormin)	ISOPTIN (Verapamil)	TARKA (Trandolapril)
CALAN (Verapamil)	LOPRESSOR (Metoprolol)	TIAZAC (Diltiazem)
CARDIZEM (Diltiazem)	NADOLE	TOPROL (Metoprolol)
COREG (Carvedilol)	INDERAL (Propranolol)	VERAPAMIL
CORGARD (Nadolol)	NORMODYNE (Labetalol)	ZIAC AMLODIPINE
COVERA (Verapamil)	PROCARDIA (Nifedipine)	
DILACOR (Diltiazem Hydrochloride)	NORVASC (Amlodipine)	

THE FOLLOWING MEDICATIONS ***SHOULD NOT BE TAKEN ANY LATER THAN 10:00PM THE EVENING PRIOR TO YOUR TEST:***

CARDENE (Nifedipine)	IMDUR (Isobride Mononitrate)
Minitran or Nitrostat (Nitroglycerin Patch)	ISMO

IF YOU ARE CURRENTLY TAKING ANY OF THE FOLLOWING MEDICATIONS, YOU ***SHOULD CONTINUE*** TO TAKE THEM AS PRESCRIBED:

ACCUPRIL (Quinapril)	DIOVAN (Valsartan)	MONOPRIL (Fosinopril)
ALTACE (Ramipril)	HYTRIN (Terazosin)	PRINIVIL (Lisinopril)
CATAPRES (Clonidine)	LANOXIN (Digoxin)	VASOTEC (Enalapril)
CARDURA (Doxazosin)	LOTENSIN (Benazepril)	ZESTRIL (Lisinopril)
CATOPRIL (Capoten)	LOTREL (Amlodipine/Benazepril)	



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**PATIENT CONFIRMATION OF RECEIPT
NUCLEAR STRESS TEST INSTRUCTIONS**

I, _____, have read and understand the instructions for the Nuclear Stress Test, as they have been given to me. I understand that failure to comply with these instructions could result in my test being rescheduled, when available.

PATIENT/REPRESENTATIVE SIGNATURE

**RELATIONSHIP
(IF REPRESENTATIVE)**

PRINT NAME (PATIENT/REPRESENTATIVE)

DATE

WITNESS SIGNATURE

PRINT NAME

DATE

I have been given the opportunity to ask questions. (Please **initial** below.)

I have no questions _____

My questions have been answered _____

I have decided *not* to have this test. My provider has explained to me the possible risks of NOT having this examination.

Patient/Representative Signature

Patient/Representative Print Name

Witness Signature

Witness Print Name

Comments/Reason for decline: