

ISLAND CARDIOVASCULAR ASSOCIATES, LLP

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DIABETIC TEST INSTRUCTIONS

CARDIOLITE STRESS TEST:

(EXERCISE, LEXISCAN, ADENOSINE, DOBUTAMINE or PERSANTINE)

*****THIS STRESS TEST MUST BE VERBALLY CONFIRMED PRIOR TO TEST*****

- We will contact you prior to the test. If a message is left you need to call back and confirm the appointment by 3 PM of the day prior to the test. **Without confirmation the appropriate isotope will not be ordered and the test will have to be rescheduled.**
- 24 hours prior to the test do not consume any CAFFEINE**, this includes **all** caffeinated and decaffeinated products. **NO** coffee, tea, soda, ice tea, chocolate milk, or chocolate. **NO** Fioricet or Excedrin.
- No food 2 hours prior to the test.** You may have juice, milk, or water up to the time of testing.
- Bring a container of juice and a snack**, such as a sandwich, crackers or fruit. You will be able to eat following administration of the Cardiolite and prior to your scan.
- Take all of your diabetic medications** (for example: Glucophage, insulin, etc)
- Take all your medications as usual, unless** otherwise indicated by the doctor at you last visit.
- Bring all your medications with you.** If you use an **inhaler**, please bring it with you.
- Bring your glucometer machine** and appropriate capillary puncture device and test strips.
- Wear comfortable clothing and sneakers/walking shoes.** **NO** sandals or flip flops. **NO** underwire bras or metals (metal buttons, safety pins, etc.) are to worn around the chest area as this will interfere with imaging.
- Waiting is part of the test; please bring something to occupy your time.

STRESS ECHOCARDIOGRAM, EXERCISE STRESS TEST:

(TREADMILL or DOBUTAMINE)

- No food 2 hours prior to the test**, you may have juice, milk or water up to the time of testing. **Bring a container of juice and a snack**, such as crackers or fruit.
- Take all of your medications, unless** otherwise indicated by the doctor at you last visit. **Take all of your diabetic medications** (for example: Glucophage, insulin, etc.)
- Wear comfortable clothing and sneakers/walking shoes.** **NO** sandals or flip flops.

NAME _____ DATE _____ TIME _____ am/pm