

CARDIOVASCULAR CONSULTANTS MEDICAL GROUP

Consultative and Interventional Cardiology

Cardiac Electrophysiology

Peripheral Vascular Disease

A Partnership of Medical Corporations

www.healthyhearts.com



Your Doctor has ordered a STRESS ECHO

Patient Name: _____

Date of Birth: _____ **Medical Record No.:** _____

GENERAL INSTRUCTIONS: Please read this entire form.

1. Regarding what to wear:

- ◆ Wear comfortable clothes that you can walk and lay on an exam table in. Ladies, please do not wear a one-piece dress. You will be asked to undress from the waist up and a gown will be provided. Please do not wear lotion on the chest area on the day of your test.
- ◆ Wear shoes that you can walk safely on a treadmill in, such as tennis shoes.

2. Medications:

- ◆ Bring a list of your medications with you to the test.
- ◆ If you have diabetes and take insulin injections or oral medication, take half your normal dose the morning of the test or check with your doctor who handles your diabetes about your medication dosage on the day of the test.
- ◆ There are medicines that you might be asked to stop taking for one to two days before the test. Please check the list of medicines on the back of this form. If you are taking any of these medicines, check with the Doctor that ordered the test for instructions.
Stop Beta Blocker: Yes No.
- ◆ **TAKE ALL OTHER MEDICATIONS AS USUAL.**

3. Instructions regarding food:

- ◆ Do not eat two (2) hours prior to the test. Exercising on a full stomach can make you nauseous. Fluids are allowed.

4. Your test results will be reviewed by our cardiologist and reported to your physician. Your physician will discuss the results with you and explain how the results relate to your health.

Appointment Date: _____ **Time:** _____

Late arrivals may need to be rescheduled due to time constraints. Thank you.