



PERSANTINE / LEXISCAN / ADENOSINE/
DOBUTAMINE STRESS TEST

Patient Name _____

Date: _____ **Time:** _____

_____ 700 Shadow Ln # 240
Las Vegas, NV 89106
702-384-0022

_____ 1815 E. Lake Mead Blvd #110
N. Las Vegas, NV 89030
702-642-9010

_____ 3196 S. Maryland Pkwy #207
Las Vegas, NV 89109
702-732-0022

_____ 5380 S. Rainbow Blvd # 228
Las Vegas, NV 89118
702-260-0022

_____ 10001 S. Eastern Ave # 403
Henderson, NV 89052
702-754-0622

INSTRUCTIONS:

NO CAFFEINE/ DE-CAFFINATED/ NICOTINE 24hrs prior to the test, Includes, tea, soda, chocolate, energy drinks, Anacin, Excedrin, No-DOS
Drink plenty of WATER THE DAY PRIOR AND DAY OFF.

NOTHING TO EAT OR DRINK AFTER MIDNIGHT, WATER IS OK

Wear comfortable clothing, **NO:** Dresses, NO one piece outfits.

DIABETIC PATIENTS: PLEASE DON'T TAKE INSULIN OR MEDICATIONS in the morning of the test, bring them with you to take on your lunch break.

Any respiratory medications, THEOPHYLINE, THEO-DUR, AMINOPHYLINE, DIPYRIDAMOLE hold if possible 48 hours before test. Bring inhalers with you.

The test will take 2-3 hours in the morning and 1-2 in the afternoon.

Bring a lunch.

If you need to cancel, reschedule, have any questions, please contact us. If you DO NOT CANCEL OR RESCHEDULE WITHIN 24HRS OF THE TEST YOU WILL BE CHARGED \$150.00. If you are later than 30 minutes you will be charged \$150.00.

Heart Center of Nevada

What is a nuclear cardiac stress test?

This test helps diagnose heart disease. A healthcare provider injects a small amount of a radioactive substance (called a tracer or radiopharmaceutical) into the bloodstream. Your blood vessels and heart muscle absorb the tracer, making them more visible in images. Then the provider uses a special camera to take pictures of blood flow in and around the heart.

The test may also be called:

- Myocardial perfusion imaging (MPI).
- Nuclear stress test

What to expect:

The test is done in two parts, resting and stress. The first part is done after an IV is started in your arm and the nuclear imaging Material radiotracer (also called a radiopharmaceutical) is injected into your vein. This will be allowed to circulate for 15-20 minutes while you wait in the waiting room.

Following this circulation time, the first scan you may be requested to sit in a chair or lie flat with your arms above your head, depending on the location where you're scheduled. This scan takes about 10-15 minutes. After completing this scan, the second part of the test will begin.

The second part of the test involves resting on a bed while the technician injects a medication into your IV line that increases blood flow to your heart. Possible side effects may be similar to those caused by exercise, such as flushing or shortness of breath. You might get a headache. This will be followed by a second injection of nuclear imaging material. The patient is then monitored for a recovery period. The technician will indicate when the patient can leave for a lunch break and what time to return. When the patient comes back, the patient is again asked to lie on a table or sit on a chair and photos are taken of the heart. This scan time is about 10-15 minutes. That would conclude the nuclear stress test, so be sure to schedule a follow-up appointment with your cardiologist



CONSENT FOR CARDIAC STRESS TEST

1. In order to determine and appropriate plan of medical management. I hereby consent to voluntarily engage in a cardiac stress to determine the state of my heart and circulation. The information thus abstained will help my physician in advising me as to the activities which I may engage. The test is designed to measure my fitness for work and or/ sport determine the presence or absence of clinically significant heart disease and/ or to evaluate the effectiveness of my current history.
2. Before I undergo the test, I will have an interview with a physician. I will also be examined by a physician to determine if I have any condition which would indicate that I should not engage in this test.
3. I understand that I will be participating in an exercise or pharmacologically induced stress test. During the performance of the cardiac stress test my electrocardiogram will be monitored and my blood pressure will be measured until I attain a predetermined end point corresponding to moderate exercise stress, or become distressed in any way or develop any abnormal response that the physician considers significant whichever of the above occurs first.
4. There exists the possibility of certain changes during the tests, they include abnormal blood pressure, fainting, disorders of the heartbeat (too rapid, slow or ineffective, and a very rare instance of heart attack. Every effort will be made to minimize those occurrences by the preliminary and observations during testing. Emergency equipment and trained personnel are available to deal with unusual situations that may arise.
5. The information that is obtained will be treated as privileges and confidential and will not be released or revealed to any person without my expressed consent. The information obtained however, may be used for statistical or scientific purpose with my right of privacy retained.
6. I have discussed this procedure with my physician, _____ M.D.

PATIENT NAME: _____ Date of Birth: _____

Height: _____ Weight: _____ ARE YOU PREGNANT? NO YES

ARE YOU BREASTFEEDING? NO YES

DO YOU SMOKE? NO YES ARE YOU DIABETIC? NO YES

MEDICATIONS

1. _____
2. _____
3. _____
4. _____

Date: _____

Signed: _____

Witness: _____