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PATIENT: Candy Test

ACCOUNT #: 379655

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 **SPECT Myocardial Perfusion Imaging Test**

**\_\_\_\_\_ Davenport Diagnostic Center \_\_\_\_\_ Moline Diagnostic Center**

**2nd Floor, Genesis Heart Institute CVM Heart Center**

**1236 East Rusholme 1100 36th Avenue**

**Davenport, IA 52803 Moline, IL 61265**

**(563) 324-2992 (309) 743-6700**

Your test is scheduled on: DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Please read these instructions carefully. Failure to follow these instructions may require the test to be rescheduled.**
* **Each time a patient misses an appointment without providing notice, another patient is prevented from receiving care. We ask that you please give at least a 24-hour notice if you are unable to keep your appointment. If you do not keep your appointment and do not notify us in advance, a $75 charge will be assessed to your account. This charge must be paid prior to rescheduling.**
* **If your insurance has changed since the time your test was scheduled, please check with your current insurer to see if test pre-certification is required.**

**What is a cardiac SPECT stress test?**

A SPECT nuclear stress test, sometimes called myocardial perfusion imaging, looks at the blood flow to your heart muscle. It is performed while your heart is at stress (exercise) and at rest. The stress test can be performed on a treadmill or with a medication that simulates exercise. Small amounts of radioactive medicine are injected through an IV in your arm and a special camera is used to take pictures of the heart.

**How to prepare for the test:**

* No food or drink 4 hours prior to this test.Sips of water to moisten your mouth are acceptable.If you are a diabetic, please ask your doctor about fasting and taking your diabetic medications.
* **No caffeine for 12 hours prior to your test.** Please see the back of this sheet for a list of caffeine products and medications that must be held for this test.
* Your doctor may ask you to hold the following medication (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the indicated number of doses prior to your test: # \_\_\_\_\_\_\_\_\_\_\_Doses
* You should take your other medications before and after this test **unless instructed otherwise**.
* Wear comfortable two-piece clothing. Ladies will be asked to remove their bra for imaging purposes.
* If CVM does not have a current list of your medications, please bring a list of your medications or your medication bottles.
* If you are pregnant or may be pregnant, please discuss this with your physician prior to the test.
* Please allow 4 hours for this test.

**Upon arrival at the doctor’s office…**

A member of our staff will escort you to an exam room, explain the procedure, and ask you to sign a consent form.An IV line will be started in your hand or arm. A small amount of radioactive medicine will be injected through the IV. Resting pictures will be obtained in approximately 1 hour after the injection. After the resting pictures you will be taken to a stress lab. EKG patches will be placed on your chest. The stress test will be performed on a treadmill or with a medication that takes the place of a treadmill. Stress pictures will be taken approximately 1 hour after the stress test. When the test is complete you may resume your regular diet and routine. The test usually takes about 4 hours to complete. A copy of the test report will be sent to your physician.

**CAFFEINE** products must not be consumedfor **12 hours** prior to a nuclear stress test. The following products may contain caffeine and **should not** be consumed:

Energy drinks

Coffee/Decaf Coffee

Tea/Decaf Tea

Cola/Diet Cola/Decaf Cola

Mountain Dew/Diet Mountain Dew/Decaf Mountain Dew

Mellow Yellow Orange Cola

Anacin/Excedrin/Any pain relievers containing caffeine

Any food or drink containing CHOCOLATE, such as: ice cream, yogurt, pudding, baked products, candy, cocoa, chocolate syrup and chocolate milk.

Please Note: Caffeine-Free and Decaffeinated products contain trace amounts of caffeine and must be avoided.

**Medications to be held prior to regadenoson stress testing:**

The following prescription medications **should not** be taken **for 48 hours** prior to your test time.

Dipyridamole (Persantine, Dipridacot), Aggrenox

Breathing medications known as xanthines **should not** be taken **for 24 hours** prior to your test time. These include:

Theophylline Slo-Bid Theo-24 Slo-Phylline

Uni-dur Theodur Uniphyl

**Please Note: You should not quit taking any prescription medication without specific instructions from your doctor. If you have concerns about holding a medication, please ask your doctor prior to discontinuing the medication.**