HEART & VASCULAR
CENTER OF SOUTH FLORIDA

NUCLEAR STRESS

7777 Davie Road Ext, Suite 100B, Hollywood, FL 33024 ■ 1150 NW 35th Ave, Suite 240, Hollywood, FL 33021 ■ 603 N Flamingo Road, Suite 365, Pembroke Pines, FL 33028
Phone: 954-362-3426 Fax: 954-362-3432 info@myheartdoctorfl.com

Nuclear Stress Test

PATIENT & APPOINTMENT INFORMATION

Patient Full Name

Appointment Date & Time

Emergency Contact Name / Relationship

Emergency Contact Phone

PREPARATION FOR YOUR TEST — PLEASE READ CAREFULLY

This test consists of two parts. Please plan to spend **4–5 hours** at our office.

1. **Do not eat for at least 2 hours prior to the test.** You may have water to take your medications, unless those medications are listed in Item 8 below.
2. **If you are asthmatic and use an inhaler, bring it to your appointment.** If you take insulin or diabetes medication, you may eat a small breakfast and bring a snack or juice to avoid low blood sugar.
3. **Do not consume caffeine within 12 hours of your appointment.** This includes: coffee, tea, energy drinks or shots, cocoa, chocolate, and most sodas. Do not smoke before your test.
4. **If pregnancy is possible, the test cannot be performed.** Please notify our office within 24 hours of your appointment.
5. **Wear comfortable shoes and clothing.** Sandals, flip-flops, heavy boots, and high heels are not permitted. Avoid shirts or dresses with metal buttons and bras with underwire.
6. **Do not leave the office premises during the test.** Unless instructed by your Physician, Nuclear Tech, or Physician Assistant.
7. **There will be multiple waiting periods during your visit.** You will not be undergoing testing for the entire duration.
8. **Do NOT take the following medications on the day of your test, but bring them with you:** Lopressor, Toprol, Metoprolol, Tenormin, Tenoretic, Atenolol, Coreg, Carvedilol, Inderal, Propranolol, Normodyne, Trandate, Labetalol, Corgard, Nadolol, Zebeta, Ziac, Theodur, Uniphyl, Theo24, or Theophylline.

WHAT TO EXPECT DURING YOUR VISIT

1. Upon arrival, you will sign a consent form and an IV will be placed in your arm. A small amount of radioactive isotope will be injected and you will wait for it to circulate before the first set of images is taken (~15 minutes).
2. The radioactive isotopes do not cause side effects. All residual traces typically leave the body within 24 hours of injection.
3. After your first scan, the stress portion begins. There are two types: exercise-based (treadmill) or pharmacologic (using Adenosine, Persantine, or Lexiscan to stress the heart).
4. After the stress portion, you may drink water or juice while waiting for the second set of images.
5. At the end of your appointment, a follow-up visit will be scheduled to discuss your results with your Physician.
6. You are permitted to bring one person with you to your appointment.

ABOUT THE NUCLEAR STRESS TEST

The coronary circulation system supplies blood and oxygen to the heart. Progressive cholesterol plaque accumulation can cause significant blockages that restrict blood flow, especially during physical or emotional stress — causing chest, neck, or arm discomfort and shortness of breath. By injecting a nuclear isotope and capturing images with a gamma-camera at rest and during stress, we can evaluate the presence and severity of coronary artery disease. A normal test does not rule out mild obstruction, and preventive treatment remains important. A negative result is a good prognosis but does not eliminate the future risk of a blood clot or heart attack.

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CANCELLATION POLICY

If you do not show up or fail to cancel at least 24 hours before your scheduled test, you will be charged a no-show fee per the schedule below. Nuclear Medicine carries the highest fee because the radioactive medication is time-sensitive and cannot be reused.

Office Provider Visits	**$50**
Ultrasounds Echo, Stress Echo, Carotid, Venous, etc.	**$75**
Nuclear Medicine	**$100**

PATIENT ACKNOWLEDGMENT & SIGNATURE

By signing below, I confirm that I have read and understood the preparation instructions and cancellation policy above, and I consent to the Nuclear Stress Test procedure.

Patient Full Name

Date (MM/DD/YYYY)

Patient Signature

FOR OFFICE USE ONLY

Staff Initials

Date Received

Chart #