

**Computerized Tomography Testing
(Carotid, Peripheral, Renal, Abdominal Aorta, Head)**

DEAR _____

This is a letter to remind you of your scheduled appointment for:

Date _____

Time _____

This will be performed at **MN Heart Clinic (Suite W300)**

Please complete the attached medication form and bring with you to your appointment.

INSTRUCTIONS FOR EXAM:

- **Drink extra water the day before the exam.**
- 1. Please arrive 15 minutes prior to your scheduled appointment time.
- 2. Nothing to eat or drink 4 hours prior to the test except for water.
- 3. Wear a comfortable two-piece outfit.
- 4. If you are diabetic, **DO NOT** take the following diabetic medications:
Metformin, Glucophage, Riomet, Fortamet, Metaglip, Avandamet, Glucovance,
Actos plus Met, Janumet or Glumetza.
- 5. Take all other medications as usual the day of the test.
- 6. Please allow 1 hour for your test.

This imaging test is billed as an outpatient hospital procedure. For Fairview pricing, please call 612-672-1048 or contact your insurance company for further information. You will be responsible for charges not covered by your insurance.

If you have no insurance and are self-paying, please call 952-924-8440.

If you have questions about your appointment, please call us at 952-836-3770.