

Dobutamine Test Prep

DEAR _____

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

(test/date/day)

Please check in at:

- | | |
|--|---|
| () Fairview Southdale Hospital
Crosstown Lobby
952-836-3770 | () Fairview Ridges Hospital
Cardiopulmonary
952-892-2140 |
|--|---|

Please register in _____ at _____.
(department/location) (time)

INSTRUCTIONS:

1. No coffee, tea, pop, or caffeine for 24 hours prior to the test.
2. Nothing to eat or drink for 4 hours prior to the test.
3. No smoking the day of the test.
4. Bring or wear a comfortable two-piece outfit.
5. For a **Dobutamine Stress Echo**, please plan 60-90 minutes for the test.
6. For a **Dobutamine Myocardial Perfusion**, please plan 4 hours for the test.
7. Do not take your **Beta Blockers** (see below) on _____ (day before test) and _____ (day of test)
8. Take all other medications as usual.

BETA BLOCKERS

Acebutolol, Atenolol, Beta-chron, Betaxolol, Bisoprolol, Blocadren, Bystolic, Carteolol, Cartrol, Carvedilol, Coreg, Corgard, Corzide, Dectral, Fumarate, Inderal, Inderal LA, Inderide, Kerlone, Labetolol, Levatolol, Lopressor, Lopressor HCT, Metoprolol, Metoprolol XL, Nadolol, Nebivolol, Normodyne, Penbutolol, Pindolol, Propanolol, Propanolol LA, Sectral, Tenoretic, Tenormin, Timolide, Timolol, Toprol XL, Trandate, Visken, Zebeta, Ziac

Please be advised that if you are having your procedure performed at the hospital there is the chance that an emergency may arise and your doctor may not be able to start your procedure at its originally scheduled time.

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.

