

Lexiscan Myocardial Perfusion Imaging Test

DEAR _____

This is a letter to remind you of your scheduled appointment for (date) _____
(time) _____

Please check in at:

() MN Heart Clinic
Suite W300
952-837-3770

() Fairview Southdale Hospital
Welcome Desk (1st Floor)
952-924-1450

() Fairview Ridges Hospital
Radiology Dept
952-892-2374

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

INSTRUCTIONS FOR LEXISCAN:

1. Nothing to eat or drink, except water, for two(2) hours prior to the test.
2. No smoking.
3. Plan 3½ - 4 hours for your test.
4. If you wear a NITRO-PATCH, do not put one on the morning of the test.
5. If you are diabetic see specific insulin instructions below.
6. Wear a comfortable 2 piece outfit.
7. If you are on inhalers, use them as prescribed and bring along to appointment.
8. **NO CAFFEINE (or DECAF) FOR 12 HOURS** prior to the stress portion of the exam. Examples: tea, coffee, pop, any chocolate products, Anacin, Excedrin, Cafegot, Esgic, Fiorecet, Fiorinal, Norgesic, Synalgos, Wigraine, No Doz, Vivarin. Other products/medications may contain caffeine, if in doubt, read the labels or call your pharmacist.
9. Hold Pletal/Cilostazol **for 12 hours.**
10. Hold Dypridamole/Permole/Persantine/ Aggrenox **for 48 hours** prior to the stress test.
11. Hold **Theophylline** (See list below) products **for 12 hours:**

THEOPHYLLINE PRODUCTS

Accurbron, Aerolate, Aminophylline, Aquaphyllin, Asmalix, Bronkodyl, Contant T, Dilor, Dyphylline Elixophylline, Elixophyllin, Lanophyllin, Marox, Nuelin, Pentoxifylline, Primatene, Quadrinal, Quibron, Respbid, Slo bid, Slophyllin, Sustaire, Theo 24, Theolate, Theopid Duracaps, Theochron, Theoclear, Theodur and Sprinkle, Theolair, Theospan, Theophylline, Theo -Time, Theovent, Trental, T-PHYL, Tedral SA, Theo-Organidin, Theo-Sav, Theostat, TheoX, Uniphyl, UnidurLufyllin,

DIABETIC INSTRUCTIONS FOR DAY OF THE EXAM:

Eat 2 hours prior to appointment time and take a.m. diabetic meds/insulin as usual. If unable to eat breakfast, hold diabetic meds and bring with.

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.