

Treadmill Myocardial Perfusion Imaging Test

DEAR _____

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

Please check in at:

- | | | |
|--|--|---|
| <input type="checkbox"/> MN Heart Clinic
Suite W300
952-836-3770 | <input type="checkbox"/> Fairview Southdale Hospital
Welcome Desk (1 st Floor)
952-924-1450 | <input type="checkbox"/> Fairview Ridges Hospital
Radiology Dept
952-892-2374 |
|--|--|---|

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

INSTRUCTIONS FOR TREADMILL:

1. Nothing to eat or drink, except water, for two (2) hours prior to the test.
2. **NO CAFFEINE (or DECAF) FOR 24 HOURS** prior to the test. Examples: tea, coffee, pop, Anacin, Excedrin, and chocolate products. Other products/medications may contain caffeine, if in doubt, read the labels or call your pharmacist.
3. No smoking.
4. Plan 3½ - 4 hours for your test.
5. If you wear a NITRO-PATCH, do not put one on the morning of the test.
6. If you are diabetic see specific insulin instructions below.
7. Wear a comfortable 2 piece outfit and comfortable walking shoes.
8. Do not take **beta blockers** (see list below):
on _____(day before test) and _____(day of test)

BETA BLOCKERS

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

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.