

VIABILITY STUDY

DEAR _____

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

Please check in at:

() MN Heart Clinic Suite W300 952-836-3770	() Fairview Southdale Hospital Welcome Desk (1 st Floor) 952-924-1450	() Fairview Ridges Hospital Radiology Dept 952-892-2140
---	---	--

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

INSTRUCTIONS FOR EXAM:

1. Nothing to eat or drink, except water, for two (2) hours prior to the test.
2. Plan 1½ – 2 hours for the exam.
3. If you wear a NITRO-PATCH, do not put one on the morning of the test.
4. If you are diabetic see specific instructions below.

DIABETIC INSTRUCTIONS FOR DAY OF THE EXAM:

Eat 2 hours prior to appointment time and take 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.