

The Heart Care of Central and Northern Wisconsin

500 Wind Ridge Drive, Wausau, WI 54401, Phone 715-847-2611
 2275 North Shore Drive, Rhinelander, WI 54501, Phone 715-361-3000
 Toll Free Phone 800-441-4013
 Website: www.canw.org

INSTRUCTIONS FOR ADENOSINE/PERSANTINE STRESS TEST

Your physician has scheduled you for a nuclear stress test. Your appointment time is:

TIME: _____ 2-Day Exam Return Date
 DATE: _____
 WHERE: _____ Time arranged at first visit.

Please report **at least 15 minutes prior to your appointment time** to allow for patient registration. This two-part test will take approximately five (5) hours.

PATIENT PREPARATION

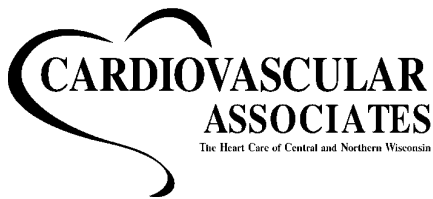
1. **No food** or liquids at least four (4) hours before.
2. **No foods containing caffeine** such as coffee, **including decaffeinated coffee**, chocolate, tea, soda pop and caffeine containing aspirin, for at least twenty-four (24) hours.
3. **Do not smoke for (4) hours prior to test.**
4. Please wear comfortable clothing. The exam your physician scheduled you for is a two-part test. Part one consists of a stress exam and images of the heart. Part two consists of a rest exam of the heart.
5. The exam could take up to five hours to complete.

Do not take these medicines 24 hours prior to test unless otherwise directed.

Acebutolol	Inderide LA	Pindolol
Aggrenox	Innopran XL	Propranolol
Atenolol	Insulin	Sectral
Betaxol	Kerlone	Tenoretic
Bisoprolol	Labetolol	Tenormin
Blocadren	Levatol	Timolide
Carvedilol	Lopressor	Timolol
Coreg	Lopressor HCT	Toprol
Corgard	Metoprolol	Trandate
Corzide	Nadolol	Visken
Inderal	Normodyne	Zebeta
Inderal LA	Normozide	Ziac
Inderide	Penbutolol	

Unless otherwise specified by your doctor, the following medicines **should not be taken for 36-48 hours prior to this test.**

Aerolate	Slo-BID Gyrocaps	Theo-Dur Sprinkle
Anacin	Slo-Phyllin Gyrocaps	Theolair-SR
Bronkodyl	Sustaire	Theophylline SR
Constant-T	Theobid Duracap	Theospan SR
Dipyridamole (Persantine)	Theobid Jr. Duracap	Theo-24
Elixophyllin SR	Theoclear LA	Trental
Respid	Theo-Dur	Uniphyl
Aminophylline		



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INSTRUCTIONS FOR ADENOSINE/PERSANTINE STRESS TEST PAGE 2

- 5. The patient should bring all inhalers to scheduled appointment.**
6. Inform us if you are allergic to:
_____Dipyridamole (Persantine) _____Aminophylline _____ Adenosine
7. Inform us if you have a history of asthma, low blood pressure, bronchospastic disease, or if you are on Insulin.

If you have any questions, please call (715) 847-2611 or 1-800-441-4013.

If you have an office visit within one week, you will receive your results at the time of your visit.

If you do not have an office visit and have not received your results within one week, please call our office.