

**Downriver Heart & Vascular Specialists**  
**Lexiscan Stress Test Instructions**  
**15150 Fort Street**  
**Southgate, MI 48195**

APPOINTMENT	DATE:        /        / TIME:        /        /
HOW LONG WILL IT TAKE ?	<b>2-3 HOURS.</b> There are 3 parts to the test with waiting periods between each process.
<b>Preparation:</b>  *These guidelines <b>MUST</b> be Followed for accurate testing. Testing may be rescheduled upon arrival with failure to comply with restrictions	<b><u>For 12 HOURS prior to your test, DO NOT HAVE:</u></b> 1. Caffeinated or Decaf SOFT DRINKS 2. Caffeinated, Decaf COFFEE OR TEA 3. ANY FOODS CONTAINING CHOCOLATE 4. NO SMOKING, VAPING OR DRINKING ALCOHOLIC BEVERAGES  <b><u>*NO food, beverages, gum or cough drops after 12am:</u></b> <b>*WATER Only morning of test</b> <b>* Drink plenty of water the day before your test</b> -Wear comfortable clothing such as loose short sleeve t-shirt, and bring a sweater or jacket. -You may bring a snack and beverage the technicians will notify you when you are able to eat and drink
<b>MEDICATIONS:</b>	<b>**Diabetics: PLEASE READ THE NEXT PAGE FOR INSTRUCTIONS</b>  Hold medication ONLY if you were told to do so. You may Take medications with small sips of water. <b>**Patients who are scheduled for a Lexiscan will not walk on the treadmill. If you are scheduled for an Adenosine and are using any inhalers or breathing medication, Contact the office for special instructions</b>
<b>PRECAUTIONS:</b>	If you are pregnant or breast feeding you must tell your doctor Immediately, prior to testing

Please be informed that testing medication is specifically ordered per patient. Therefore if you need to reschedule your test , please provide a 24 HOUR notice to avoid any charges that would be full responsibility of the patient to cover the cost of the medication.

## **Downriver Heart & Vascular Specialits Stress Test Instructions**

**FOR OUR DIABETIC PATIENTS, AND ANYONE TAKING ANY  
DIABETIC MEDICATIONS:**

**PLEASE READ CAREFULLY. IT IS VERY IMPORTANT  
THAT ALL INSTRUCTIONS IN THIS PACKET ARE FOLLOWED**

**-You may have dry toast and clear juice up to 4 hours before the test**

**-EXAMPLE: if your test is at 10 am you may eat **before** 6 am**

**-If you take your diabetic medications at NIGHT, you may take them the evening before your test.**

**-If you take your diabetic medications in the MORNING**

**-If you are up early enough ( at least 4 hours prior to test) you may take your Morning dose of Diabetic medication.**

**-If you DO NOT EAT the morning of your test, DO NOT TAKE YOUR MORNING DOSE OF MEDICATIONS**

**-You may bring them with you in case you need to take them, along with a snack**

**-Technicians will let you know when you are able to eat/ drink.**

**If you have any questions regarding these instructions please call the office**

**\*\* Preparation for this test is very important, and we want to be sure that everyone clearly understands these instructions. Not following these Instructions may result in us having to reschedule your appointment\*\***

# **Downriver Heart & Vascular Specialists**

## **Stress Test Instructions**

### **WHAT YOU CAN EXPECT:**

#### **The test consists of 3 Parts:**

You will receive an IV injection of a low dose radioactive tracer, followed by a 30 minute waiting period, followed by a 10 minute scan of the heart. You will lay flat on your back with your arms over your head, and a camera will rotate around your body

You will then be injected with Lexiscan which dilates the blood vessels, increasing the blood flow in the arteries of the heart. Another injection of the tracer will also be given. You will then period of waiting for approximately 20-30 minutes.

One more scan of the heart, about 10 minutes. You will lay flat on your back with your arms Over your head.

We recommend you plan on being in the office for **2-3 hours** for this test.

### **Results**

Our doctor will read the study, prepare a report, and fax it to the doctor who ordered the test if they are outside of our office. This may take up to a week. Someone from our office will call you to inform you if your test results were normal, or if the doctor would like to see you in office to go over your test results. If you have not received a phone call in 7 business days please feel free to contact our office.

# Downriver Heart & Vascular Specialists

## Stress Test Instructions

Please complete this form,, sign, and date

**Bring ut back with you on the day of the test, and give to the testing technologists.**

<b>Name:</b>	<b>Date:</b>	
<b>Age:</b>	<b>Sex:</b>	<b>Physician:</b>
Allergies:		
Surgeries:		
Other history:		
Any relevant family history?		

YES	NO	
		Heart attack
		Bypass, or Angioplasty
		Chest Pain
		Valve Surgery
		Heart Murmur
		History of Stroke or TIA
		Shortness of Breath- Asthma- Emphysema
		Smoker? How many cigarettes a day? How many years?
		Other forms of smoking Marijuana/ Vape? How much? How many years?
		Dizziness or fainting
		Cold or numbness in extremities
		Diabetes
		High Blood Pressure
		High Cholesterol
		Thyroid Disease
		Alcohol consumption How often? How much?
		Thyroid Disease
		Physical Exercise How much? How often?
		Glaucoma

<b>Menstrual Status:</b>	<b>All female patients must Complete this portion with dates</b>
	Not Pregnant:
	Last menstrual Cycle:
	Menopause:
	Hysterectomy:
	Tube Ligation:
Potential pregnancy, Doctor was notified and still wants the test done:	

<b>Patient Signature:</b>	<b>Date:</b>
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