

NUCLEAR STRESS TESTING LEXISCAN - 1 DAY

Patient Name: _____

Location: _____ 10238 E Hampton Ave Suite 502, Mesa, AZ 85209
_____ 1940 S Country Club Dr Suite 103, Mesa, AZ 85210

Testing Appointment: _____ Time: _____

PREPARATION

- **Please allow 3-4 hours for testing**
- **Night before test eat a good meal and sip on water through the evening.**
- **With a fist pump arms up and down (like lifting weights) throughout the evening.**
- **You are allowed and it is recommended to drink water prior to testing.**
- Do not eat for 3 hours prior to the test.
- **DIABETIC** patients you eat a small snack prior to test. Insulin dependents may take ½ dose.
- Do not drink or eat caffeine or decaf products, chocolate, exedrine for 12 hours prior to test.
- Do not wear a shirt or sweater with metal buttons.
- Bring a sweater, because temperature in waiting area and testing rooms may be cold.
- Make sure chest and abdomen are thoroughly cleaned and no lotions on body.
- If you are a female who is pre-menopausal, is not surgical sterile, and have not started your menstrual period in the last 10 days, you will be asked to take a pregnancy test upon arrival per the recommendations of the Intersocietal Commission for the Accreditation of Nuclear Medicine Laboratories (ICANL).
- Theophylline (COPD) to be held for 12 hours. Please take other medication(s) as normally prescribed.
- Lexiscan may cause loose stools. If you are susceptible to this we suggest bringing extra undergarments and pants.
- If you are a female who is pre-menopausal, is not surgically sterile, and have not started your menstrual period in the last 10 days, you will be asked to take a pregnancy test upon arrival per the recommendations of the Intersocietal Commission for the Accreditation of Nuclear Medicine Laboratories (ICANL).

Your physician has determined, based on your current history that a chemically induced stressed test would be the best method to adequately stress the heart instead of the traditional treadmill. The chemical chosen for your stress test is lexiscan. It is a short-acting medication that has the effect of dilating or opening up the blood vessels around the heart to simulate the heart as if it is exercising. Your nuclear stress test is a one day diagnostic test using a radioactive tracer for cardiac imaging to determine if the heart is receiving an adequate blood supply at rest and exercise. First, you will have an IV placed in your arm or hand and then will be injected with a radioisotope injection. After injection a 30-45 minute wait is required. You will be asked to drink water to allow your system to be flushed to get the best possible pictures of your heart.

C.A.I. Cardiac Arrhythmia Institute (480)889-1573

Then we will obtain nuclear images of your heart in its resting stage for about 25 minutes, and will be asked to be as motionless as possible during this process.

Next the lexiscan stress test will take place in the stress testing room. The cardiovascular technician will hook you up to monitor your blood pressure, heart rate, and EKG before, during, and after the stress test. You will be injected with the Lexiscan, the 2nd dose of nuclear tracer, and saline for flushing doses during this time, which takes 1 minute to administer. The average time of the lexiscan stress test is approximately 10 minutes.

A 45 minute wait is need before stress images will be acquired. You will then be able to eat your snack back in the waiting area. You may go out of office to eat, if so please inform cardiovascular tech or nuclear tech so a return time can be given to you.

INSURANCE CO-PAYMENTS: All patients (except those with Medicare AND a secondary), will be asked to pay prior to the test, your co-payment AND/OR co-insurance for this test, along with any deductible you may have with your insurance company. There may be additional fees for equipment and injections, along with any further imaging that may be ordered. You may have your regular co-pay along with a co-insurance (percentage) to pay. The contract with your insurance carrier determines this amount. Our office has no influence on the amount owed at the time of service.

We will call your insurance to verify benefits. How they process claims is their responsibility. Our estimate of out-of-pocket cost for you is not a guarantee. We base this on information obtained from the insurance company and the information they relay is not always accurate.

RESCHEDULING/ CANCELLATION/ NO-SHOW

The medications ordered for this test are specific to you and are ordered 24 hours in advance. Due to the individualized, time-sensitive doses, we are unable to use them on other patients. Therefore, if you do not show for your appointment or do not follow the instructions properly, **you will be held responsible for the \$200.00 fee** to cover the cost of these medications. This fee is your responsibility, as it is not covered by your insurance. **I understand and agree to these terms/conditions and realize that if I fail to cancel my appointment within 24 hours or fail to follow the above instructions, I will be charged a \$200.00 fee.**

Signature _____ **Date:** _____

Additional Testing: _____

Follow Up Appointment: _____ **Time:** _____