

West Georgia Cardiology

Lexiscan Sestamibi Instruction Sheet

1. Please arrive at West Georgia Cardiology at your scheduled test time.
2. Your test will take approx. 3 hrs to complete.
3. Nothing to eat or drink after **9 p.m.** the night before test.
4. *Is the patient of child bearing age (12-62), if so check the following:*
 - a. Hysterectomy- Y or N
 - b. Menopause Y or N

If no to the above questions then Beta HCG should be performed.

5. *If you are a diabetic on insulin*, only take a ½ dose the night before the test and none the day of the test. If you are on an insulin pump, decrease the basal rate by ½ at 9p.m. the night before the test.
6. You can bring a light snack to your appointment to eat after the stress portion of the test.
(ex: crackers, juice, fruit)
7. No caffeinated or decaffeinated coffee, tea, or soda for **48 hours (2days)** prior to the day of the test.
8. Unless otherwise instructed, please **hold all morning medications** on the day of the test.
9. **Bring all medications with you to your appointment.**
10. Wear comfortable clothes and shoes that tie. Bring jacket or coat.
11. *It is extremely important that you follow the instructions given thoroughly and notify our office 24 hours prior to your scheduled appointment time if cancellation is needed. Failure to follow instructions or failure to cancel within 24 hrs will result in a \$180.00 cancellation fee. Failure to follow instructions appropriately can affect the quality of images and diagnostic outcome of your test.*

_____ **Patient Signature**

_____ **Date**

West Georgia Cardiology, LLC
129 Bankhead Highway, Carrollton, GA 30117
770/838-8440 * Fax: 770/838-8443

Nuclear Lexiscan Stress Test Consent Form

Date: _____ Patient: _____ MR# _____

I, for myself, or for the patient named above, do hereby authorize Dr. _____ and/or his assistants to administer and conduct a Lexiscan myocardial perfusion stress test. This test is designed to determine the presence or absence of clinically significant heart disease; to evaluate the effectiveness of my current therapy; and/or to assess my safe exercise capacity.

I understand that I will be given a dose of medicine, Lexiscan (vasodilator drug). The injection will be a bolus injection and immediately following an injection of Tc-99m Sestamibi will be administered through the intravenous site.

Every effort will be made to conduct the test in such a way as to minimize discomfort and risk. However, I understand that just as with other types of diagnostic tests there are potential risks associated with a Lexiscan myocardial perfusion test. These include episodes of angina pectoris, chest discomfort, dizziness, dyspnea, headaches, flushing, nausea. Rarely extra heartbeats may occur. There is a very slight possibility of heart attack or sudden death. There is no risk or side effects associated with the radioisotope injection. I further understand that the laboratory is properly equipped for such situations and that its professional personnel are trained to administer any emergency care necessary. I voluntarily accept the risks associated with the above procedures.

****A \$180.00 fee will be charged if I do not call to cancel 24 hours prior to my appointment or do not show. This fee will also be charged if I fail to follow the instructions thoroughly given which will result in cancellation.**

Signature of patient or legal representative

Date

Signature of witness

Date