

# Northside Cardiology

## Testing Preparation Instructions

### Exercise Stress Test (ETT)

1. DO NOT eat or smoke four (4) hours prior to the test - drink plenty of water
2. Bring or wear clothing suitable for exercising on a treadmill
3. Refrain from using body lotion or oil the day of the test
4. Hold all Beta Blockers\* forty-eight (48) hours prior to the test

### Exercise Nuclear Stress Test

1. DO NOT eat or smoke six (6) hours prior to the test - drink plenty of water
2. DO NOT eat or drink anything containing caffeine twelve (12) hours prior to the test
3. Bring or wear clothing suitable for exercising on a treadmill
4. Refrain from using body lotion or oil the day of the test
5. Hold all Beta Blockers\* forty-eight (48) hours prior to the test
6. Please let the Nuclear Medicine Technologist know if you will be traveling within the next 7 days

### Pharmacological Nuclear Stress Test (Lexiscan)

1. DO NOT eat or smoke six (6) hours prior to the test - drink plenty of water
2. DO NOT eat or drink anything containing caffeine twelve (12) hours prior to the test
3. If you take Aggrenox, do not take for forty-eight (48) hours prior to the test
4. Please let the Nuclear Medicine Technologist know if you will be traveling within the next 7 days

### Stress Echocardiogram

1. DO NOT eat or smoke four (4) hours prior to the test - drink plenty of water
2. Bring or wear clothing suitable for exercising on a treadmill
3. Refrain from using body lotion or oil the day of the test
4. Hold all Beta Blockers\* forty-eight (48) hours prior to the test

### Dobutamine Stress Echocardiogram (DSE)

1. DO NOT eat or smoke four (4) hours prior to the test - drink plenty of water
2. Hold all Beta Blockers\* forty-eight (48) hours prior to the test

### Holter or Event Monitor

Please refrain from using body lotion or oil the day of your appointment

\*\*\*HOLTER MONITORS MUST BE RETURNED THE FOLLOWING BUSINESS DAY\*\*\*

### Echocardiogram

### Ankle Brachial Index (ABI)

### Carotid Duplex

### Carotid Intima Medial Thickness (CIMT)

NO PREPARATION  
NEEDED FOR  
THESE TESTS

## BETA BLOCKERS \*

<u>Generic Name</u>	<u>Brand Name</u>
Acebutolol	Sectral
Atenolol	Tenormin, Tenoretic
Betaxolol	Kerlone, Betopic
Bisoprolol	Zebeta, Ziac
Carteolol	Cartrol
Carvedilol	Coreg (CR)
Esmolol	Brevibloc
Labetolol	Trandate, Normdyne
Metoprolol	Lopressor, Toprol (XL), Betaloc
Nadolol	Corgard
Nebivolol	Bystolic
Oxprenolol	Transicor
Penbutolol	Levatol
Pindolol	Visken
Propranolol	Inderal, Inderide
Sotalol	Betapace
Timolol	Blocarden

## OCULAR PRODUCTS CONTAINING BETA BLOCKERS\*

<u>Generic Name</u>	<u>Brand Name</u>
Betagan	Levobunolol
Timolol	Timoptic, Betimol



## CALCIUM CHANNEL BLOCKERS

<u>Generic Name</u>	<u>Brand Name</u>
Diltiazem	Cardizem
Verapamil	Calan, Isoptin

Aggrenox (Dipyridamole & Aspirin) - Hold 48 hours prior to test - uncommon medication

**\*TAKING ANY OF THESE MEDICATIONS ON TEST DAY MAY RESULT IN YOUR TEST BEING RESCHEDULED**

If you have questions about your medication and its potential interaction with your test,  
**PLEASE CALL AT LEAST 48 HOURS PRIOR TO YOUR TEST**

**NORTHSIDE CARDIOLOGY  
TESTING LAB  
PATIENT MEDICAL HISTORY INFORMATION SHEET**

NAME \_\_\_\_\_ SEX \_\_\_\_\_ DATE \_\_\_\_\_

PHONE \_\_\_\_\_

SS# \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ REFERRING PHYSICIAN \_\_\_\_\_

REASON FOR TEST \_\_\_\_\_

MEDICATION ALLERGIES \_\_\_\_\_

CURRENT MEDICATION	DOSAGE	FREQUENCY (HOW OFTEN)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**You have or have you ever had:**

- |                              |   |                              |  |
|------------------------------|---|------------------------------|--|
| <input type="checkbox"/> YES | <input type="checkbox"/> Heart disease or heart attack                            | <input type="checkbox"/> YES | <input type="checkbox"/> Heart valve surgery |
| <input type="checkbox"/>     | <input type="checkbox"/> Congestive heart failure (fluid in lungs)                | <input type="checkbox"/>     | <input type="checkbox"/> Bypass surgery      |
| <input type="checkbox"/>     | <input type="checkbox"/> High blood pressure                                      | <input type="checkbox"/>     | <input type="checkbox"/> Pacemaker / ICD     |
| <input type="checkbox"/>     | <input type="checkbox"/> Irregular heart beat                                     | <input type="checkbox"/>     | <input type="checkbox"/> TIA / stroke        |
| <input type="checkbox"/>     | <input type="checkbox"/> High cholesterol   | <input type="checkbox"/>     | <input type="checkbox"/> Difficulty walking  |
| <input type="checkbox"/>     | <input type="checkbox"/> Asthma or other lung disease                             | <input type="checkbox"/>     | <input type="checkbox"/> Cancer              |
| <input type="checkbox"/>     | <input type="checkbox"/> Diabetes   | <input type="checkbox"/>     | <input type="checkbox"/> Breast implants     |
| <input type="checkbox"/>     | Chest pain. IF YES, what seems to cause it? _____<br>What makes it go away? _____ |                              |  |
| <input type="checkbox"/>     | Do you smoke? How much and for how long? _____                                    |                              |  |
| <input type="checkbox"/>     | Are you pregnant? _____   |                              |  |
| <input type="checkbox"/>     | Do you drink alcohol? Avg. # of drinks per week _____                             |                              |  |
| <input type="checkbox"/>     | Family history of heart problems? If yes, please describe _____                   |                              |  |

# NorthsideCardiology

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*Peripheral Vascular Disease*  
*Preventative Cardiology*  
*Stress Echocardiography*  
*Transradial Intervention*

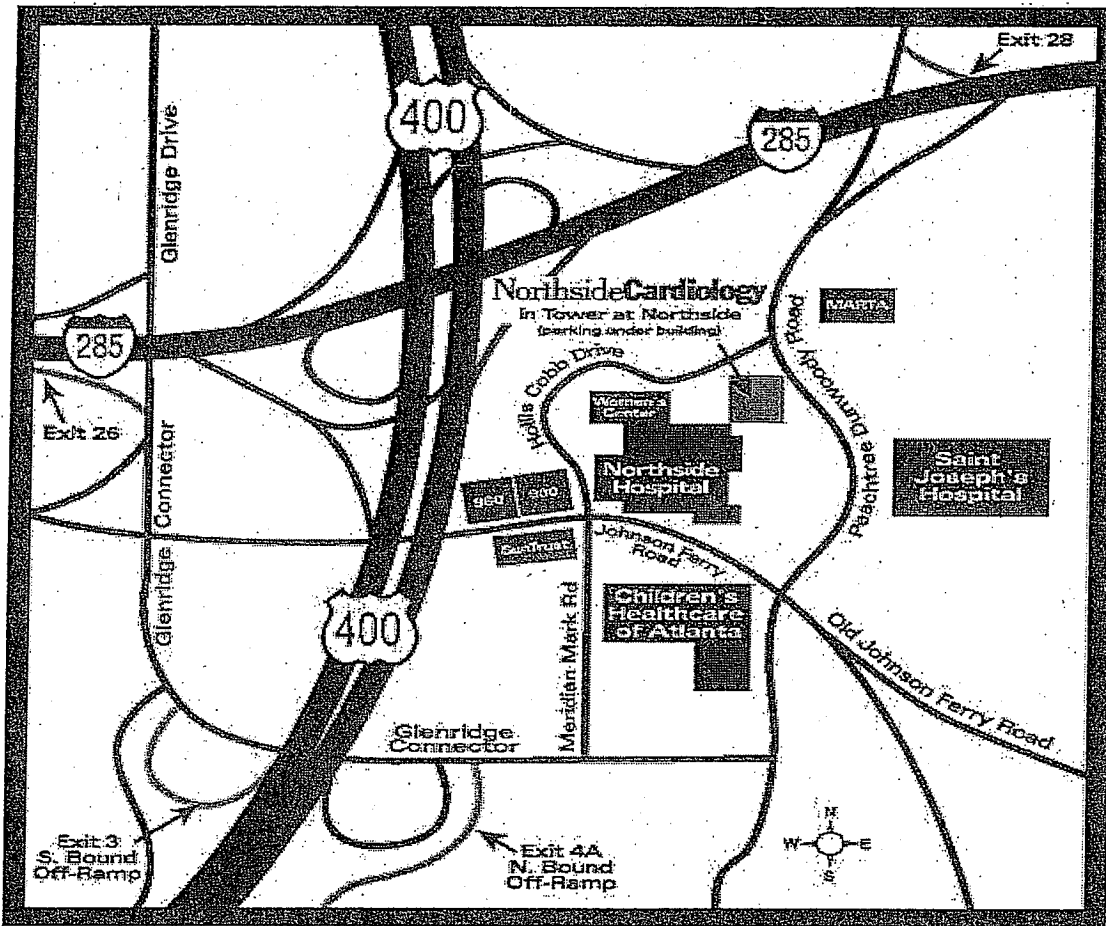
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## Attention Patients:

If you are traveling through any place that may use radiation detectors such as airports, rail stations, bus terminals, or possibly ports of entry up to two (2) weeks after having your nuclear test, please let the nuclear medicine technologist know. The nuclear medicine technologist can give you a card stating that you had a medical procedure involving radiation

Northside Cardiology



Atlanta, GA 30342

**From I-285 going east:**

Take exit 26 and turn right onto Glenridge Connector. Turn left at the first light onto Johnson Ferry Road. Go to the second light and turn left onto Hollis Cobb Drive. Go past two stop signs and The Tower will be on the right. The office building is on top of the parking garage. From the parking garage elevators, go to the 8 th floor. We are in suite 880.

**From I-285 going west:**

Take exit 28 and turn left onto Peachtree Dunwoody Road. Go to the second light and turn right onto Hollis Cobb Drive. The Tower is immediately on the left. The office building is on top of the parking garage. From the parking garage elevators, go to the 8 th floor. We are in suite 880.

**From GA-400 going north:**

Take exit 4A and turn right onto Glenridge Connector. Turn left at the first light onto Meridian Mark which becomes Hollis Cobb Drive. Go past 2 lights and then 2 stop signs and the Tower will be on the right. The office building is on top of the parking garage. From the parking garage elevators, go to the 8 th floor. We are in suite 880.

**From GA-400 going south:**

Take exit 3 and turn right onto Glenridge Connector. Go to the second light and turn left onto Meridian Mark which becomes Hollis Cobb Drive. Go past 2 lights and then 2 stop signs and The Tower will be on the right. The office building is on top of the parking garage. From the parking garage elevators, go to the 8 th floor. We are in suite 880.