

THE HEART CARE GROUP, P.C.

STRESS ECHO

NAME: _____

DATE: (____) _____ TIME: _____ () A.M. () P.M.

You are scheduled for a Stress Echo. This test will be performed at:

(____) 1249 South Cedar Crest Blvd., Suite 100, Allentown, PA. 18103 (610) 770-2200

(____) 858 Interchange Road, Lehighton, PA 18235 (610) 377-9303

(____) 1504 Rte. 61 Rockwood Center, Pottsville, PA 17901

THIS TEST WILL TAKE APPROXIMATELY 90 MINUTES

SPECIFIC INSTRUCTIONS FOR YOUR TEST INCLUDE THE FOLLOWING:

- MEALS:**
 - Eat a light meal 2 hours prior to arriving at the office
 - ★ Breakfast: toast, bagel, or English muffin w/jelly, juice or water
 - ★ Lunch: non-cream soup, bagel w/jelly, salad, juice or water
- SMOKING:** Nicotine raises the blood pressure and the heart rate. **DO NOT SMOKE** for at least 2 hours prior to the test.
- ATTIRE:** Wear loose fitting, lightweight clothing, short sleeve shirt if possible. Women should wear slacks or shorts. Sneakers or comfortable walking shoes. Gowns will be provided. You may change clothes here.
- MEDICATIONS:** Please bring a list of all current medications and doses you are currently taking. Continue to take all of your other medications unless otherwise instructed by your physician.
- INSULIN:** Take ½ dose of insulin; please eat a light, low fat breakfast
If you use an insulin pump – no special instructions.
Oral Diabetes medications – take as usual.
- INHALERS:** May continue to use Serevent and Albuterol inhalers and/or steroid inhalers. **Bring your inhaler.**
- SKIN:** When showering/bathing on the day of the stress test, **DO NOT** use any body lotions, powders or oils on chest area as this interferes with the skin preparation. Underarm deodorant is permitted.
- INSURANCE:** If your insurance requires precertification, please let us know so we can obtain the necessary clearance for you to have this test done. **If you have an insurance that requires a referral form for this test, (such as HMO) it is YOUR responsibility to obtain this referral form prior to the test from your primary care physician.**
- QUESTIONS OR CANCELLATIONS:** If you need to cancel this appointment, it is extremely important to notify this us at least 24 hours prior to this appointment.

If patient requires special assistance, or has a language barrier, please have a family member or friend over 18 years of age accompany and stay with the patient for the entire duration of the test.

PURPOSE OF THE TEST:

The stress echo provides your doctor with information about your heart size and the heart's function at rest and after exercise.

1. When you arrive in our office, please register with the receptionist. Bring your insurance card; we will verify your coverage and update our files. If your primary care physician referred you, please bring your prescription for your test. If a referral form was necessary from your primary care physician, please give this to the receptionist. You may also be asked to complete a patient information form and a history and physical form.
2. A diagnostic staff member will escort you to the testing area. Your medical history will be reviewed.
3. You will be brought into a stress test room where a diagnostic staff member will place electrodes on your chest to monitor your heart rhythm and rate before, during, and after you exercise on the treadmill.
4. A "resting" echocardiogram will be performed. Gel will be placed on your chest near the breastbone. A small microphone (transducer) will be moved through the gel. The transducer gives off a high frequency sound wave that echoes back to the transducer from the heart. Images are made of these echoes.
5. Some patients need intravenous contrast to obtain high quality images of the heart. You will be given information about this contrast only if it is required.
6. As you walk on the treadmill, the grade and/or speed will increase every 2 to 3 minutes. You should tell the diagnostic staff members about pain, shortness of breath, fatigue, or any problems during this time.
7. Immediately after the exercise, you will have another echocardiogram. Your test is done when the echo is completed.
8. You are now ready to check out with our receptionist. If another appointment is necessary, it will be scheduled at this time.

Follow-up Appointment for results: (_____) _____ Time: _____