



Patient Focused • Quality Oriented • Physician Driven

Patient Name: _____

You are scheduled to have the following test on _____ at _____:

- Myocardial Perfusion Imaging (i.e. Cardiolite) --See instructions below
 _____Exercise _____Pharmacological (Dypridamole or Lexiscan)
- Routine Treadmill (please follow instruction #3 below or ask your physician)

The following tests do not have any prep:

- 2-D Echocardiogram
- 3-D Echocardiogram (*Order only if recommended on 2D echo*)
- Carotid Doppler
- Holter Monitor
- Abdominal Aortic Aneurysm Ultrasound
- Event Monitor

Diagnosis _____ ICD 9 Code _____

Please bring this order form to **Medical Consultants**, which is on the 3rd floor of the Outpatient Medical Pavilion of Ball Memorial Hospital, located at 2525 W. University Avenue, Suite 300, Muncie, Indiana 47303. If you have any questions, or need to reschedule, please call **(765) 281-2058**. Faxed orders may be sent to **(765) 281-2065**. Please follow these instructions for a **Myocardial Perfusion Test**:

1. No caffeine after your evening meal the night before the test (this includes regular and decaf coffee, tea, soda, as well as chocolate). No smoking after midnight the night before the test. Feel free to drink water prior to your testing.
2. Nothing other than water 4 hours prior to the test. Diabetic patients may have toast and orange juice, and should take their insulin 2 hours prior to the test.
3. Do not take the following blood pressure medicines or their generic counterpart for 24 hours prior to test: Atenolol, Bisoprolol, Blocadren, Coreg, Metoprolol, Nadolol, Propranolol, Timolol, Sectral, Cardizem, or Verapamil. Also, do not take Viagra or a similar drug for 24 hours prior to the test. If you are unsure if you are on any of these, call 254-3857.
4. Wear comfortable clothes and shoes.
5. If you take Theophylline based breathing medications (i.e., Theo-Dur, Slo-bid, Slo-Phylline) please hold your morning dose the day of test.
6. This test usually takes about four hours. Please bring a list of medications.

Physician Signature

Date