4101 Greenbriar Dr. Suite 100
Houston, TX 77098
713.790.0400

APPOINTMENT DATE	APPOINTMENT TIME

Patient Instructions for PET/CT Stress Testing

48 HOURS BEFORE

Do not take these medications 48 hours before your test: Aggrenox, Persantine, Theophylline, Theo-Dur, Dipyridamole, and Aminophylline.

24 HOURS BEFORE

Do not eat or drink anything that has caffeine, including coffee, tea, decaffeinated products, Excedrin, chocolate, cocoa, herbal teas, and soda for 24 hours before your exam. *Caffeine will interfere with the results of the test.* Drinking juice, Gatorade, and water are okay; drink plenty of fluids the morning of the test so you are well hydrated.

4 HOURS BEFORE

Do not eat or drink anything except water, juice, and Gatorade. **DIABETIC PATIENTS ONLY:** Hold any diabetes medications until they can be taken with food and bring them with you to your appointment.

REMINDERS

- Your appointment is scheduled at Younis Cardiology Associates, 4101 Greenbriar Dr. Suite 100 Houston, TX 77098. Please note, this test is NOT performed in our primary Scurlock Tower location.
- Do not wear lotions, oils, or powders on your chest area. Do not wear perfumes or body sprays. Wear a comfortable two-piece outfit and do not wear jewelry on the day of your test.
- Bring your **photo ID** & **insurance card(s).**
- Bring your medications with you to your appointment.
- No nitroglycerin patches or oral nitrates: Isordil, Sorbitrate, Ismo, Monoket, and Imdur.
- Take all unrestricted medications as you normally would.
- This test cannot be done if you are pregnant.
- If you are claustrophobic or have a problem with being in a restricted environment for any length of time, please consult your primary care physician prior to your appointment.

CANCELLATION

- You must notify us at **713.790.0400** if you need to cancel your appointment; special testing isotopes must be ordered for each individual patient. Failure to notify our office 24 hours prior to your test will result in a $300.00 missed appointment fee that will be charged to you directly.

Printed Patient Name	Patient Signature	Date
Ordering Physician	Date of Birth	Initials