

## SPECT MYOCARDIAL PERFUSION IMAGING Patient Preparation Instructions

NAME OF PATIENT:	APPOINTMENT DATE:	TIME:
Please read these instructions carefully. Failure to fo	ollow these instructions may require th	ne test to be rescheduled.
PLEASE ALLOW	ABOUT 4 HOURS FOR THIS TEST	Т
<ul> <li>How to prepare for the test:</li> <li>No food or drink 4 hours prior to this test. If you diabetic medications.</li> <li>No caffeine for 12 hours prior to your test. Caffe caffeine and must be avoided. Please avoid the feature in Energy drinks</li> <li>Coffee/Decaf Coffee</li> <li>Tea/Decaf Tea</li> <li>Cola/Diet Cola/Decaf Cola</li> <li>Mountain Dew/Diet Mountain Dew/Decaf Mountain Dew/Decaf Mountain Dew/Decaf Mountain/Excedrin/Any pain relievers contain</li> <li>Any food or drink containing CHOCOLATI</li> </ul>	Teine-Free and Decaffeinated products of following:  Mountain Dew  ing caffeine	contain trace amounts of
<ul> <li>chocolate syrup and chocolate milk.</li> <li>Your doctor may ask you to hold the following number of doses prior to your test: #</li> <li>You should take your other medications before</li> <li>Wear comfortable two piece clothing.</li> <li>Bring a list of your current medications or your</li> <li>If you are pregnant or may be pregnant please d</li> </ul>	Doses and after this test unless instructed other medications in their bottles with you.	erwise.
The following prescription medications should not Dipyridamole (Persantine, Dipridacot)	be taken for 48 hours prior to your test	time:
Breathing medications known as xanthines should r These include:	not be taken for 24 hours prior to your	test time.
Theophylline Slo-Bid Theo-24 Slo-Phylline Uni-dur Uniphyl		

Please Note: You should not quit taking any prescription medication without specific instructions from your doctor. If

you have concerns about holding a medication, please ask your doctor prior to discontinuing the medication.

The medication Aggrenox should not be taken for 72 hours prior to your test time.