

**Procedure Location:** Atlanta Heart Group, P.C.  
2665 North Decatur Road; Suite 260  
Decatur, Georgia 30033  
(404)-297-9077

Nuclear Cardiology Instructions for: \_\_\_\_\_

Procedure: \_\_\_\_\_ Date of procedure: \_\_\_\_\_ Time: \_\_\_\_\_ am

**Nuclear Cardiology Instructions:**

**Prior to your scheduled stress test, DO NOT participate in any strenuous and/or stressful physical activities.**

1. Please bring a sweater, jacket, or warm clothing because of the COLD temperature that may exist in our waiting room.
2. All patients should wear a TWO piece outfit with a **METAL FREE SHORT SLEEVE SHIRT** or a **SHORT SLEEVE LOOSE FITTING T-SHIRT.**
3. If you are scheduled to exercise on a treadmill please wear clothes appropriate for exercising.(i.e. tennis)
4. Please DO NOT put any lotion, oils or cologne on prior to the exam.
5. Female patient's need to wear a bra that **DOES NOT** contain an underwire because the wire may interfere with the ECG tracings.
6. **DO NOT** eat or drink after midnight prior to your test if otherwise directed by the physician or nurse.  
**(NO CAFFEINE PRODUCTS 48 HOURS PRIOR TO THE EXAM)**
7. Smokers: **DO NOT SMOKE** the morning of the study because the nicotine alters the heart rate response during exercise.
8. Medications: Please follow the instructions provided by your physician and **BRING** all of your medications with you including inhalers and diabetic medications. **PLEASE CALL OUR OFFICE IF ANY QUESTIONS ARISE.**
9. **DIABETICS:** If you have a machine to check your blood sugar, bring it with you on the day of the study.
10. The duration of the procedure is 4-5 hours. Please make arrangements for this time frame. (i.e. transportation, accompanying a special needs patient.)

*NOTE: There is a possibility that your exam may have to be completed over a two (2) day period. Every effort will be made to complete your procedure in the allotted time)*

11. **Please give us a 24 hour notice if you must cancel this test to avoid being charged for the radioactive material.**
12. Please be prepared to pay for the following items: a light meal between the exam, your insurance co-payment and parking on the day of the procedure.
13. **YOU** will be responsible for all personal items/valuable during the procedure. The staff **WILL NOT** be responsible for any items during the testing day.
14. Please contact our billing department at following number: 404-297-9077 if you have any questions regarding your financial obligation.

Please contact our North Decatur campus office if you have any question. Thank you for your cooperation.

**Atlanta Heart Group, P.C.**