

Myoview Stress Test

A. Please contact your physician

- If you are presently taking prescription drugs containing caffeine or Theophylline (See attached sheet for examples)
- We recommend that you do not take the following medications 24 hours prior to your test: Viagra, Levitra, Cialis.
Check with your physician for directions on which meds to take, or hold.

B. 24 hours before your test

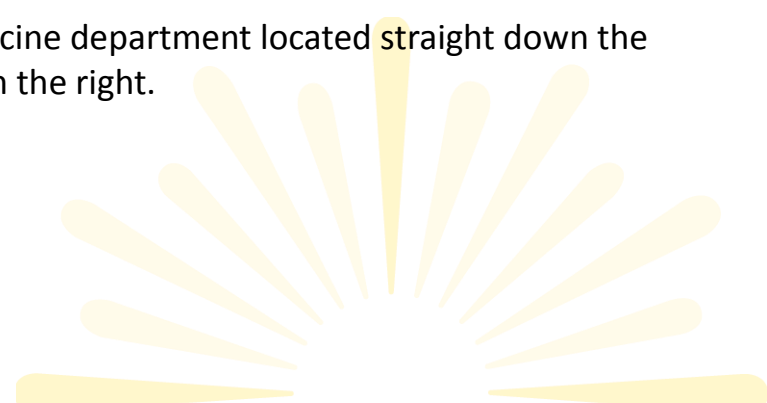
- Discontinue all caffeine and chocolate products—including decaffeinated products. (See attached sheet)
- Discontinue vitamins and/or herbal supplements.

C. After midnight before your test

- Nothing to eat or drink
 - You MAY drink water to take medications
- Exception:
 - If your test is scheduled after 11 am, you may eat an early light breakfast by 7 am

D. Day of your test

- Please complete the enclosed questionnaire and bring with you the day of your test.
- Please report to the nuclear medicine department located straight down the hallway from the East Entrance on the right.



Myoview Stress Test

D. Day of your test...Continued

Medications:

- If you use inhalers, please bring them with you
- Please bring a list of your current medications

Please wear:

- Comfortable shoes – preferably sneakers
- Clothing with no metal buttons, or zippers over the chest
- Female patients: Bra's without under-wires
- Please use perfumes/colognes sparingly

Please bring your cane, walker, or wheelchair if normally used.

Allow 3-4 hours to complete the test

You will be able to drive home after the test

IF YOU ARE A FEMALE BETWEEN THE AGES OF 10-60 AND THERE IS A CHANCE YOU MIGHTBE PREGNANT, PLEASE NOTIFY YOUR PHYSICIAN AND OUR OFFICE AS SOON AS POSSIBLE!

E. Directions to the department

Please park in East parking off of Rural Avenue. Valet parking services are available.

Please report to the nuclear medicine department located straight down the hallway from the East Entrance on the right.

Please give 24 hours notice if you cannot keep your appointment by calling 570-321-2700.

Thank you for choosing Susquehanna Health. We look forward to serving you!



Stress Test Questionnaire

INSTRUCTIONS: PLEASE CIRCLE NO/YES AND ALSO CIRCLE CONDITIONS THAT APPLY TO YOU:

Do you have any allergies?	NO / YES – Please list them:		
Have you ever had a heart attack?	NO / YES – When?	How many?	
Do you have a family history for heart disease?	NO / YES – (High Blood Pressure / Heart Attack / Heart Surgery)		
Have you ever had coronary balloon angioplasty and/or stent?	NO / YES – When?		
Have you ever had coronary bypass surgery?	NO / YES – When?	How many vessels?	
Have you had: Chest Pain / Chest discomfort / Chest Pressure / Chest Heaviness / Heartburn / Arm Pain / Neck Pain / Jaw Pain.	NO / YES – When?	With rest / activity	
Have you ever passed out?	NO / YES – When?		
Have you ever had: Congestive Heart Failure / Fluid in Your Lungs, or Weak Heart?	NO / YES When?		
Have you ever had shortness of breath?	NO / YES – When?	With rest / activity?	
Do you ever wake up short of breath?	NO / YES – When?		
Do you have problems lying flat to sleep?	NO / YES – How many pillows do you use?		
Do you have diabetes?	NO / YES		
Do you have high cholesterol?	NO / YES		
Do you smoke? NO / YES	Have you ever smoked? NO / YES		
How much?	How many years have you smoked?	When did you quit?	
Do you have lung problems? NO / YES – Specify: _____			
Asthma? NO / YES	Emphysema? NO / YES	Bronchitis? NO / YES	Blood Clots in Lungs? NO / YES
Do you have any problems with rhythm of your heart? NO / YES – Specify:	Palpitations / Fast or Racing Heart Beat / Atrial Fibrillation / Skipped Heart Beats / Pacemaker		
Do you have any: Heart Valve Problems / Heart Murmur? NO / YES – Specify:			
Do you: Get tired easily / Do less and get tired quicker?	NO / YES		
Have you ever had: Chemotherapy / Or are you about to start?	NO / YES – When?		
Do you have any other symptoms? NO / YES – Specify:			
Patient Signature:	DATE:		
For Myoview Stress Test:			
Bra ON / OFF for scan	Breast Prosthesis / Implants: NO / YES	Bra Size:	

Examples of Products That Contain Caffeine or Theophylline



Susquehanna Health
The art of caring. The science of healing.

Drinks Containing Caffeine

- Cocoa products (hot cocoa)
- Coffee (brewed, instant, or decaffeinated)
- Regular and “caffeine-free” soda (Coca-Cola®, Diet Coke®, Tab®, Pepsi®, Diet Pepsi®, Dr. Pepper®, Mr. Pibb®, Mello Yellow®, Mountain Dew®)
- Tea (brewed, iced, or instant)

Foods Containing Caffeine

- Chocolate (chocolate candy, chocolate-coated candy, baking chocolates, chocolate cake, chocolate pudding, chocolate milk, brownies)
- Energy bars

Prescription Drugs Containing Caffeine

- Cafegot® (all forms)
- Esgic® (all forms)
- Fioricet®
- Fiorinal® (all forms)
- Norgesic™ and Norgesic™ Forte
- Synalgos®-DC
- Wigraine® (all forms)

OTC Drugs Containing Caffeine

- Anacin®
- Excedrin®
- NoDoz®
- Vivarin®
- Bayer Back and Body®

Some Common Drugs Containing Theophylline

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|------------------------|-------------------|
| • Aerolate® | • Tedral® |
| • Constant-T® | • Theo-24® |
| • Elixophylline® | • Theoclear® |
| • Quibron® (all forms) | • Theo-Dur® |
| • Respbid® | • Theolair™ |
| • Slo-bid® | • Theo-Organidin® |
| • Slo-Phyllin® | • Theo-Sav® |
| • T-Phyl® | • Theostat® |
| | • Theo-X™ |

Other Drugs Which May Interfere With Your Test

- Aggrenox®
- Permole®
- Persantine®

Please contact our office at (570) 321-2700 if you are taking any of these drugs.