

COASTAL CARDIOVASCULAR CONSULTANTS, P.A.

FACILITY: 459 Jack Martin Blvd. Ste 1, Brick, NJ 08724 tel 732-458-6200

EXERCISE STRESS TEST INSTRUCTION FORM

PATIENT : _____ DOB: _____

TEST DATE: _____ TIME: _____

Cardiac Rehab

Exercise Stress Test

There will be up to a \$100 charge if you fail to come in for a scheduled appointment or cancel/reschedule with less than 48 hours notice.

- Bring a list of current medications.
- Wear comfortable clothing (preferably a short sleeved loose fitting shirt).
- Wear appropriate walking shoes (closed toe, rubber soled).
- You may have a light breakfast and lunch. **AVOID CAFFEINE** for at least 6 hours before the test.
- Bring your insurance card(s) and insurance referral (if required).
- If your stress test is for Cardiac Rehab we recommend that you contact your insurance company(s) to verify your eligibility and benefits.
- **The test may take up to 1½ hours**

PLEASE DO NOT TAKE THE FOLLOWING MEDICATIONS FOR 48-HOURS PRIOR TO YOUR SCHEDULED STRESS TEST:

PLEASE DO NOT TAKE THE FOLLOWING MEDICATIONS FOR 24-HOURS PRIOR TO YOUR SCHEDULED STRESS TEST:

PLEASE DO NOT TAKE THE FOLLOWING MEDICATIONS ON THE MORNING OF YOUR SCHEDULED STRESS TEST:

******PLEASE BRING ALL OF YOUR MEDICATIONS (INCLUDING INHALERS)****
WITH YOU TO YOUR STRESS TEST**