



Complete Cardiology Care

Board Certified Cardiology & Electrophysiology

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Please go to the 1st floor for your exam

PET/CT Myocardial Perfusion Instructions

Name: _____ DOB: _____ Date/Time: _____

Your doctor ordered a PET/CT Myocardial Perfusion Stress Test. Please expect the test to take approximately 1 hour. Please call 48 hours in advance if you need to cancel or reschedule your appointment for any reason. **If you do not call to cancel within 48 hours you will be charged \$500.** We will start the exam by placing an IV in your arm so please drink a lot of water the day before and morning/day of the test. You will then lie down flat on the PET/CT camera for resting and pharmacological stress images. The time on the camera is around 30 minutes. If you are claustrophobic please let your doctor know so they can prescribe a medication to help you relax, you will need a driver if so. Please call your insurance company about the amount you will need to pay out of pocket. The codes that the insurance company will need are as follows: 78431, 78434, A9555, 93015

Preparation for Exam:

- Drink plenty of water day prior and day of test.
- Arrive 15 minutes early to fill out any paperwork needed prior to appointment time.
- No caffeine 24 hours before your appointment time. This includes decaffeinated coffee, tea, soda, chocolate, etc. This is a contraindication; the exam will be canceled.
- Nothing to eat or drink except water 4 hours before the exam.
- The department is kept cool, please wear comfortable clothing.
- Do not put any lotion or oils on your arms or chest the day of the exam.
- Remove all jewelry prior to your appointment.

Medication Instructions:

1. Do not take the following medications 48 hours prior to your test: Persantine, Dipyridamole, Theodur, Theophylline, Aggrenox, and/or Trental.
2. Hold all nitrates and PDE 5 Inhibitors 24 hours prior to your test. This includes Imdur/Isosorbide Mononitrate, Isordil/Isosorbide Dinitrate, Nitroglycerin/Nitrostat, Viagra/Sildenafil, Cialis/Tadalafil, Levitra/Vardenafil, and Stendra/Avanafil.

Signature: _____

Date: _____