



# NM Cardiac Care, P.C.

Providing Comprehensive Cardiovascular Care,  
Interventional Cardiology  
and Peripheral Vascular Intervention



Craig F. Cannon, M.D.  
Board Certified in Cardiovascular Disease  
and Interventional Cardiology,  
Peripheral Vascular Intervention

Guillermo Nava, M.D.  
Board Certified in Cardiovascular Disease,  
Nuclear Cardiology and  
Echocardiography

Axel Zagler, M.D.  
Board Certified in Cardiovascular Disease,  
Interventional Cardiology and  
Echocardiography

## ADENOSINE / MYOVIEV / DOBUTAMINE / PERFUSION SCAN

The Study you have been scheduled for will be useful in detecting the presence and significance of coronary artery disease. The test consists of taking pictures after an isotope injection at rest and pictures after an isotope injection while given the vasodilator, adenosine.

### INSTRUCTIONS

#### TWO DAYS BEFORE YOUR TEST-(48 HRS.):

1. Drink PLENTY of water for good hydration.
2. No caffeine or decaf products. Decaf is not caffeine free. No *coffee, tea, soda, chocolate, Anacin, or Aspirin.*
3. Do not take any of the meds listed on the back of this sheet.
4. No tobacco products.
5. No Beta Blockers or calcium channel blocker heart medication.
6. No medications called Persantine, Dipyrodamole or Theophylline within 24 hours of your test.

#### ON THE DAY OF YOUR TEST:

1. Drink at least 16 oz. of water before coming to the office.
2. **NO** food or drinks, other than water, 5 hours before your test.
3. Wear a short sleeve shirt.
4. Do not wear any metal objects on the chest area, ie: necklaces, zippers or western shirts with metal snap buttons.
5. Due to radiation exposure, **ONLY** the patient is allowed in the back office during the test. Family members and friends may wait in the office lobby.
6. Bring inhalers as needed for breathing problems.

#### PLEASE NOTIFY US IF:

1. You are pregnant.
2. Are a severe diabetic.
3. Have asthma, COPD, CHF, second or third degree heart block, or had a heart attack in the last 5 days.
4. You have had a barium study within one week of your test.
5. You are claustrophobic.

**I FULLY UNDERSTAND THAT THE RADIOISOTOPES ARE ORDERED 24 HOURS PRIOR TO MY TEST. I MUST NOTIFY NEW MEXICO CARDIAC CARE, P.C. AT LEAST 24 HOURS PRIOR TO MY EXAM IF I NEED TO CANCEL (575) 521-3270.**

I UNDERSTAND THAT IF I DO NOT CANCEL WITHIN THAT TIME, I WILL BE FINANCIALLY RESPONSIBLE FOR THE COST OF THE PHARMACEUTICAL DRUGS AS THESE ARE ORDERED SPECIFICALLY FOR MY TEST AND CANNOT BE USED BY ANOTHER PATIENT.

I UNDERSTAND THAT MY INSURANCE CARRIER (MEDICARE, MEDICAID, HMO, PPO W/COMP, OR INDIVIDUAL) WILL NOT PAY FOR THIS COST DUE TO NONCANCELLATION OR FAILURE TO FOLLOW THE ABOVE INSTRUCTIONS.

\_\_\_\_\_  
PATIENT SIGNATURE

\_\_\_\_\_  
WITNESS

Your appointment for your test is scheduled for \_\_\_\_\_  
And will last for about three hours.

Your appointment to review your test is scheduled for \_\_\_\_\_



**Medications NOT to be taken 24 hours BEFORE test**

- |  |   |
|--|---|
| Acebutolol: Sectral                          | Metoprolol: Lopressor, Toprol XL                |
| Atenolol: Tenormin, Tenerectic               | Nadolol: Corgard, Corzide                       |
| Betapace: Sotalol                            | Penbutolol: Levatol                             |
| Betaxolol: Betoptic, Kerlone                 | Pindolol: Viskin                                |
| Bisoprolol: Zebeta, Ziac                     | Propranolol: Inderal, Inderide                  |
| Cartoelol: Cartrol                           | Tomilol: Blocadren, Timolide, Betimol, Timoptic |
| Carvedilol: Coreg                            | Verapamil: Calan, Isoptin, Veralan, Tarka       |
| Digoxin: Lanoxin                             |   |
| Diltiazem: Cardizem, Dilacor, Tiazac, Teczem |   |
| Labetalol: Normodyne, Trandate               |   |

**Listed below are the medications you should stop:**

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