



## **Division of Cardiology**

						in, MD, FACC, Sandeep Rajan PRN, Cynthia Petit, APRN-BC	
		Highland Hospital 1000 South Avenue Rochester, NY 14620 (585) 341-6780 All Services	2212 Po Penfield Call 34	d Family Medicine enfield Road Suite 100 d, NY 14526 1-6780 To Schedule and Holters only		White Spruce Blvd* 377 White Spruce Blvd Rochester, NY 14623 (585) 336-5252 Echoes, Holters, stress echoes and consults	
Patio	ent Nam	e:		Referring Provider:			
Date	of Birtl	h:		Provider Signature:			
Indi	cation(s)	:		Date of Appointment:			
	CONS	SULTATION: This generally	requires about o	one hour. Please bring a lis	st of you	r medications.	
		OCARDIOGRAM: This is an ssary.	ultrasound of you	ur heart, and generally <b>requ</b>	ires abo	ut 45 minutes. No preparation	
	your unle wear <b>offic</b>	doctor about taking medications so your doctor says otherwise). slacks or a skirt that they can e.	ns on the day of t Wear comfortable walk comfortably	he test (we prefer that medi- e clothes and shoes. Sneaker in. Please bring a list of yo	cations surs are ide	alk on a treadmill. Please check with uch as Beta Blockers not be taken, all if available, and women should cations. Allow 60 minutes in the	
	abou doct are i	t taking medications on the day or says otherwise). Please avoid	y of the test (we perfectly described by the per	orefer that medications such leal just prior to the test. We	as Beta	d. Please check with your doctor Blockers to not be taken, unless your ortable clothes and shoes. Sneakers rtably in. Please bring a list of your	
	adm simu as B		imulates exercise your doctor about ess your doctor say	and makes your heart rate in taking medications on the d ys otherwise). Please avoid	ncrease. A		
	you			•		will attach patches to your chest and ext day. Allow 15-30 minutes for	
	your radic part per i such	cise Nuclear Stress T heart, which may not get an a pactive material. Please wear co of the test, it is necessary for y maging scan. Please check with as Beta Blockers not be taken	dequate blood sup omfortable clothin you to lie flat on t h your doctor abo , unless your doct	pply. You will be receiving a g and shoes for exercising. The exam table with both arrut taking medications on the or says otherwise). If you are	an intrave Bring you ns raised e day of the re diabeti	ning. A scan is done to assess areas in enous line and will be injected with a ur current medications with you. As above your head for about 15 minutes the test (we prefer that medications ic please check with your doctor. ver 300lbs, please call in advance.	
	adm bloo doct your	inistered intravenously to exerced supply. You will be receiving or about taking medications on doctor says otherwise). Bring	ise your heart. A g an intravenous l the day of the tes your current medi	scan of the heart is done to ine and will be injected with st (we prefer that medication locations with you. As part of	assess for radioacters such as full the test,	eart scan in which medication is or areas, which may not get adequate tive material. Please check with your s Beta Blockers not be taken, unless, it is necessary for you to lie flat on scan. Allow 3 hours for the test.	

IF YOU ARE OVER 300LBS, ALLERGIC TO ADENOSINE (ADENOSCAN, ADENOCARD), OR IF YOU ARE

TAKING AMINOPHYLLIN OR HAVE ASTHMA, PLEASE CALL IN ADVANCE.

