



Patient Name: _____

Your ___ Treadmill Stress Test ___ Exercise Echocardiogram
 has been scheduled for _____ at _____ a.m./p.m.

□1830 Town Center Dr. #405
 Reston, VA 20190
 (703) 481-9191

□3023 Hamaker Court. #100
 Fairfax, VA 22031
 (703) 641-9161

□3650 Joseph Siewick Dr. #400
 Fairfax, VA 22033
 (703) 481-9191

□44084 Riverside Parkway #150
 Lansdowne, VA 20176
 (703) 858-3185

□224 D Cornwall Street #306
 Leesburg, VA 20176
 (571) 209-5490

ON THE DAY OF YOUR APPOINTMENT:

1. Wear loose, comfortable clothing. (Ladies, no dresses please)
2. Wear rubber soled shoes. (Tennis shoes or walking shoes)
3. Eat a light meal, 2-3 hours prior to your appointment.
4. **NO** smoking prior to your appointment.
5. Ask your doctor about taking medications before the test.
6. Review medications provided below. Please bring to your appointment.
7. Avoid creams, lotions and powders to the chest area
8. If you have an Albuterol inhaler or carry oxygen, please bring it with you.

If you have any questions, please do not hesitate to call the office.

Do not take from noon the day before your test

Beta Blockers			
Generic Name	Brand Name	Generic Name	Brand Name
Acebutolol	Sectral	Metoprolol	Lopressor, Lopressor HCT, Toprol, Toprol XL
Atenolol	Tenormin, Tenoretic	Nadolol	Corgard
Betaxolol	Kerlone	Pindolol	Visken
Bisoprolol	Zebeta, Ziac	Propranolol	Inderal, Inderal LA, Inderide, Inderide LA
Carvedilol	Coreg	Timolol	Blocadren
Penbutolol	Levitol	Sotalol	Betapace
Nebivolol	Bystolic	Labetalol	Trandate

Do not take from noon the day before your test:

Calcium Channel Blockers	
Generic Name	Brand Name
Verapamil	Calan, Covera Isoptin, Verelan (SR), Cardizem, Cartia, Tarka
Diltiazem	Dilacor, Tiazac (XR, SR, CD)