

APPOINTMENT DATE: _____ **TIME:** _____ **A.M./P.M.**

PROCEDURE INSTRUCTIONS **REGULAR TREADMILL**

1. Your physician wants you to hold the following medications for 24 hours *when circled*:

Acebutolol	Corgard	Metroprolol	Tenorim
Atenolol	Inderal	Nanodolol	Toprol XL
Bisoprolol	Inderal LA	Normodyne	Trandate
Carvedilol	Labetalol	Propranolol	Zebeta
Coreg	Lopressor	Sectral	Ziac

Other: _____

2. You may eat up to 4 hours prior to the test. After that, drink only water. Please drink at least 2 cups during this time so you will be hydrated.
3. It is important to shower the day of the test and do not use oils or lotions.
4. Wear comfortable clothing and tennis shoes. Do not wear flip-flops, shoes with slick soles or high heels. Do not wear dresses or one-piece jumpsuits.
5. Only the patient is allowed in the testing area.