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**Marc L. Baker, M.D., PhD, FACC**  
DIPLOMATE ABIM, INTERNAL MEDICINE  
CARDIOVASCULAR DISEASES  
HEART FAILURE

Dear \_\_\_\_\_

Dr. \_\_\_\_\_ has ordered a treadmill stress test to be performed on:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

You will perform this test on a treadmill. The exercise will begin at a very easy level and will gradually get more vigorous each 3 minutes. We would like you to continue exercising until you are limited by fatigue or discomfort.

Continual monitoring will take place during the exam. If the doctor sees any reason to stop, they will do so immediately.

The results of your exercise test may help your doctor to diagnose and/or treat your clinical condition. Your doctor may also use the results to recommend the type of activities you can safely undertake in your daily life.

If you have any further questions about this test, please ask your physician.

**PLEASE SEE BACK FOR INSTRUCTIONS**

## THE FOLLOWING INFORMATION IS IMPORTANT!

To help us obtain the best possible results. PLEASE READ AND FOLLOW THE INSTRUCTIONS BELOW:

1. Enclosed is a questionnaire to complete and bring with you.
2. You will be here at the office for approximately 1 to 1 ½ hours, time may vary.
3. Have a light meal approximately two hours prior to the stress test without butter, cream, coffee, tea or alcohol.
4. You should be free of any acute or serious symptoms. Consult your doctor if you have any questions.
5. Wear loose, comfortable clothing. Ladies, please wear a comfortable bra. Wear walking shoes, tennis shoes, sneakers or any shoes with a rubber sole.
6. **\*\*\*\*\*PLEASE DO NOT USE ANY LOTIONS, BABY OIL OR POWDERS ON YOUR UPPER TORSO THE MORNING OF THE TEST!!!\*\*\*\*\***
7. Some drugs will interfere with the test. Please contact this office at 315-253-4459 immediately upon receiving this letter for advice on how to take your medications.
8. **Please do not take the night before and/or the morning of your stress test.** Atenolol, Betapace, Bystolic, Carevedilol, Coreg, Corgard, Corzide, Dutoprol, Inderal, Labetolol, Levatol, Lopressor, Metoprolol, Nadolol, Propranolol, Sectral, Sotalol, Tenoretic, Tenormin, Timolol, Toprol, Trandate, Zebeta, Ziac. This may have been discussed with you when given these instructions.
9. Please bring a list of current medications that you are taking with you, including any herbs and vitamins.
10. Please make sure you bring your current insurance information. Your insurance company may require prior authorization for the testing. You can inquire with the insurance company what your copay/coinsurance/deductible will be for the test. The following are the procedure codes: 93351, 93320, 93325



7. How often do you exercise?  
 Less than twice a week     More than twice a week
8. Do you smoke cigarettes?  
 No    If you did smoke at one time, how long ago did you quit?  
 Yes    How long have you smoked?  
                    How much do you smoke a day?
9. Do you drink alcoholic beverages?  
 No  
 Yes  
                     Rarely (holidays, special occasions)     Occasionally     Weekly     Daily
10. Have you ever been treated for high blood pressure?  
 No     Yes
11. Have you ever been treated for diabetes?  
 No     Yes
12. Did either of your parents have a heart attack?  
 No     Yes
13. Does your present occupation subject you to emotional stress?  
 No     Yes
14. Have you ever had an elevated cholesterol level?  
 No     Yes
15. Are you taking any of the following drugs?  
 Nitroglycerin     Digitalis     Diuretics (water pills)     Propranolol (ineral)

**\*\*\*Females Only\*\*\***

16. Are you still menstruating?  
 No    What age did you reach menopause?  
 Yes
17. Are you taking estrogen medications?  
 No     Yes

**Current Medications:**