

Buffalo
**CARDIOLOGY
 &
 PULMONARY**

ASSOCIATES, P.C.

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George E. Matthews, M.D.

Bernard M. Reen, M.D.,
 Emeritus

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 CARDIOLOGY**

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Phong Nguyen-Ho, M.D.

**HEART RHYTHM
 SERVICES**

Richard J. Corbelli, M.D.

Grzegorz P. Rozmus, M.D.

**NUCLEAR
 CARDIOLOGY**

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Brian J. Riegel, M.D.

PULMONARY

James G. Lampasso, M.D.

Nalini J. Namassivaya, M.D.

Andras J. Vari, M.D.

**PULMONARY
 SLEEP MEDICINE**

Jeffery R. Neu, M.D.

Celestino Pietrantonio, D.O.

ADMINISTRATION

Gina Gray
 Administrator

Joseph R. Hocsternann
 CFO

BRAIN SCAN INSTRUCTIONS

We have scheduled you for a brain scan.

DATE: ____/____/____ at ____am/pm.

LOCATION: Buffalo Cardiology & Pulmonary Associates, P.C. 6460 Main Street, Williamsville, New York, 14221.

CLOTHING: Wear comfortable clothing. Women are asked to not wear earrings. You will be asked to remove your glasses, if you wear them, for the scan.

DIET: No special restrictions apply.

MEDICINES: Take all your medications as usual.

SPECIAL INSTRUCTIONS: You will be in our office for about 45 minutes to 1 hour.

FEMALE PATIENTS: If there is a possibility you may be pregnant, please notify our office before the test.

TEST DESCRIPTION: Your doctor has scheduled this test to see how well blood flows to your brain and how well your brain is functioning. You will be brought back to the nuclear medicine department by a nuclear medicine technologist. You will have an I.V. started in your arm for a short period of time. The technologist will give you an injection of Tc99m Neurolite. This is the radioactive tracer and there are no side effects. This tracer will circulate for 15 minutes. During this 15 minutes you will be asked to sit quietly in a room by yourself. You must stay awake during this time. Following the 15 minutes, you will be taken into the imaging room. Imaging will take about 20 minutes.

CONCERNING PAYMENT: Please remember to bring in all of your insurance cards and referral if your insurance requires one.

HOW TO OBTAIN YOUR RESULTS: We ask that you follow up with the physician who ordered this test for you. The results will be sent to your doctor within 4-5 business days.

CANCELLATION: 24 hours notice is requested if you are unable to keep this appointment.

If you have any questions, please contact our Nuclear Medicine Department at 565-6511.

Rev 3/05
 Brain Scan Instructions

6460 Main Street
 Williamsville, New York 14221
 (716) 634-5100
 FAX: 634-5134

515 Abbott Road
 Buffalo, New York 14220
 (716) 824-3623
 FAX: 824-3984