

Buffalo
**CARDIOLOGY
 &
 PULMONARY**

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PULMONARY

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 SLEEP MEDICINE**

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Celestino Picirantoni, D.O.

ADMINISTRATION

Gina Gray
 Administrator

Joseph R. Hoestermann
 CFO

EXERCISE TOLERANCE TEST

We have scheduled an exercise tolerance test (ETT) for you.

DATE: ____ / ____ / ____ at ____ am/pm.

CLOTHING: Please wear or bring the following (you may change here):

- Sneakers or comfortable shoes with rubber soles, no high heels.
- Comfortable, loose fitting slacks or shorts. Shirt (blouse) suitable for exercising.
- All women must wear a bra.
- No stirrup pants.
- Patient gowns are provided for women.
- No pantyhose. Please wear socks or knee-highs.

DIETARY INSTRUCTIONS: You must fast for 1 hour prior to your test appointment time.

SPECIAL INSTRUCTIONS: The test takes approximately 1 ½ hours to complete.

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

HOW TO OBTAIN TEST RESULTS: We ask that you follow up with the ordering physician within a few days.

CANCELLATIONS: 24 hour notice is requested if you are unable to keep this appointment.

All testing is done in our office at 6460 Main Street in Williamsville. If you have any questions, please contact our ETT department at 565-6466.

Rev 5/06
 Exercise Tolerance Test

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