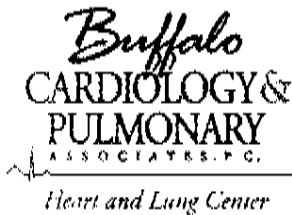


STRESS ECHOCARDIOGRAM

Rev 2/07



We have scheduled you for a Stress Echocardiogram on:

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

TEST INSTRUCTIONS: A stress echocardiogram is a combination of an echo and a treadmill stress test. We indirectly look at the coronary distribution of the heart when we assess your heart function. You will be asked to undress from the waist up and for women to put a gown on, with the opening to the front. Our RN will ask you your history and assess you for the examination. We will do a quick echo to assess valvular and wall structures. We will digitize four images that represent the coronary blood flow. You will then exercise for us on a treadmill or with medication. At a certain (target) heart rate we will stop the treadmill quickly and get you back on the bed so we can assess the same images at peak exercise.

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

- Sneakers or comfortable shoes with rubber soles, no high heels sandals, or flip-flops.
- Comfortable, loose fitting slacks or shorts.
- No stirrup pants.
- Patient gowns are provided for women
- Wear socks or knee-highs, no pantyhose

MEDICATIONS: Stay on all your medications unless otherwise instructed by your physician or our ETT nurses. Please bring a list of your current medications including dosage with you to the test.

DIETARY INSTRUCTIONS: You must fast for 1 hour prior to your arrival time for the test. *We do insist that you avoid any chocolate, caffeine, and decaffeinated products for 24 hours prior to and during the day of the test.* Caffeine products interfere with the test. You may drink water, milk, ginger ale and juice.

SPECIAL INSTRUCTIONS: Please plan to be at our office for approximately 1-1/2 to 2 hours. Please inform our office if you have a pacemaker.

CONCERNING PAYMENT: Please remember to bring in all of your insurance cards and referral, if your insurance carrier requires one. If your test is not ordered by one of our physicians, please bring a prescription with you from your doctor.

HOW TO OBTAIN TEST RESULTS: You will get a preliminary report from the cardiologist doing the test. The final results will be sent to your doctor within 4-5 business days, if it was ordered by a physician not in this practice. We ask that you follow up with the physician who ordered this test for you.

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 ECHO department at 565-6430.

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

CARDIOLOGY
Anthony J. Bonner, M.D.
JoAnne L. Cobler, M.D.
Robert P. Gatewood, Jr., M.D.
Justine A. Krawczyk, M.D.
George F. Matthews, M.D.
Bernard M. Reen, M.D., Emeritus
INTERVENTIONAL CARDIOLOGY
John C. Corbelli, M.D.
Phong Nguyen-Ho, M.D.
HEART RHYTHM SERVICES
Richard J. Corbelli, M.D.
Grzegorz P. Rozmus, M.D.
NUCLEAR CARDIOLOGY
Michael E. D'Angelo, M.D.
Lisa C. Kozlowski, M.D.
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. Hoestermann CFO