

NUCLEAR STRESS TESTING

Date: _____

Patient: _____

Please call 732-775-5300 **BEFORE** your Stress Test to RECONFIRM your scheduled time. We can review instructions and answer any questions you may have at that time.

Please be advised that due to the costly amount of the IV medications involved with this test, there will be a fee of \$200.00 charged to you if the test is not cancelled within 24 hours of your scheduled time.

Thank you.

Patient's Signature

Date