

Cape Fear Cardiology Associates, P.A.

3634 Cape Center Drive • Fayetteville, NC 28304 • Telephone (910) 485-6470 • FAX (910) 485-8198

TREADMILL STRESS TEST INSTRUCTIONS

You have been scheduled for a regular stress test to be conducted in the office on _____, 20____ at _____.

The purpose of this test is to evaluate the functional capacity of your heart and lungs.

Try to get a good night's sleep the night before the test. On the day of the test, wear comfortable walking shoes with soft rubber soles and loose slacks. Do NOT eat, drink or smoke six (6) hours prior to your appointment. If you are taking medications, ask your family doctor which ones should be discontinued prior to taking the test. **IF YOU ARE DIABETIC, DIABETIC MEDICATIONS SHOULD NOT BE TAKEN DURING THE 6 HOURS PRIOR TO YOUR APPOINTMENT.**

You will be asked to read and sign a consent form explaining the procedure and risks involved. Your EKG and blood pressure will be monitored during the test.

During the test you will be instructed to tell the physician of any symptoms such as chest pain, shortness of breath, or leg fatigue that may occur during the procedure. The treadmill will operate at varied slopes and speeds. You will continue walking on the treadmill until peak exercise is reached or the physician deems it necessary for you to stop.

If you have any questions, or have a conflict with the scheduled date and time for the procedure, please contact Cape Fear Cardiology Associates, P.A., Monday through Friday, 8:00 a.m. to 5:00 p.m.