

Eastlake Cardiovascular, P.C.

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St. Clair Shores, MI 48080
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STRESS ECHOCARDIOGRAM

PATIENT'S NAME: _____ PHYSICIAN: _____

DATE: _____ TIME: _____

Your doctor has ordered this test to determine the effect of exercise on your heart and physical fitness. You will walk on a treadmill slowly at first and progress at faster rates. You may stop at any time. Ultrasound images of your heart will be obtained before and after exercise.

PREPARATIONS:

1. WEAR OR BRING COMFORTABLE CLOTHING.
2. WEAR COMFORTABLE, EXERCISE/WALKING TYPE SHOES.
LADIES: Please no high-heeled shoes, sandals, dresses or skirts.
MEN: Please no loafers, deck-type shoes or sandals.
3. YOU MAY NOT EAT OR DRINK 2 HOURS BEFORE THE TEST.
4. **PLEASE BE ON TIME. IF YOU MUST CANCEL OR RESCHEDULE, PLEASE CALL THE ABOVE NUMBER AT LEAST 24 HOURS IN ADVANCE.**