



CARDIOVASCULAR WELLNESS

Heart Disease & Hypertension

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www.cardiovascularwellness.com

INSTRUCTIONS DIAGNOSTIC TESTING

NAME: _____ **DATE / TIME:** _____ **AM/PM**

You have been scheduled for the test selected below. Please review and follow the instructions below. If you have any questions, please call 516-354-3278. Your test may take up to ½ -1 hour. Please arrive 15 minutes prior to your appointment time.

ECHOCARDIOGRAM

1. Please do not apply lotions or powder to your chest the day of the test.
2. You may take all of your medications prior to testing.

CAROTID ULTRASOUND

1. Please do not wear anything tight fitting clothing around your neck
2. You may take all of your medications prior to testing.

ANKLE BRACHIAL INDEX

1. Please wear comfortable clothing so your legs are easily accessible.
2. You may take all of your medications prior to testing.

ABDOMINAL AORTIC ANEURYSM SCREENING

1. If your appointment is between the hours of 8:00AM and 1:00PM, do not eat, drink, or smoke after midnight.
2. If your appointment is between the hours of 1:00PM and 4:00PM , you may have a light meal prior to 11:00AM. Please DO NOT eat dairy products.
3. You may take all of your medications prior to testing.

HOLTER MONITOR

1. Please do not apply lotions or powder to your chest area on the day of your Holter placement.
2. You will not be able to shower from the time that the Holter is placed on you till it is removed the following day by the staff in the office.