The Medical Group of New Jersey
Sussex Cardiology
222 High Street, Suite 205
Newton, NJ 07860
Phone: (973) 579 – 2100
Fax: (908) 552-7913

CARDIAC EXERCISE STRESS TEST

Patient's Name: _____

Your stress test is scheduled for: _____

1. Please allow 1 hour for the completion of the test.

2. You may eat a **light** meal (no later than 2 hours prior to the test).

3. **NO CAFFEINE 2 HOURS PRIOR TO THE TEST**. This includes: regular AND decaffeinated coffee, regular AND decaffeinated teas, colas, and chocolates.

4. **DO NOT** smoke cigarettes OR vape at least 1 hour prior to the test.

5. Wear loose comfortable clothing and footwear (i.e.: sweat suit, sneakers, rubber soled shoes). A short-sleeved shirt is preferable.

6. Do not apply lotions or powders to your chest area.

7. No strenuous activity for 24 hours prior to the test.

8. If you are on a beta blocker, do not take this medication prior to the test, but bring it with you to take after the test. If you take diabetic medication, check with your provider for specific instructions. Other medications should be taken as usual.