

SOUTH BEND MEDICAL FOUNDATION, INC.

APPOINTMENT:
DATE _____
TIME _____
LOCATION _____

GLUCOSE TOLERANCE TEST

INSTRUCTIONS TO BE GIVEN TO THE PATIENT AT THE TIME OF APPOINTMENT

YOUR PHYSICIAN HAS ORDERED A GLUCOSE TOLERANCE TEST.

THE TEST RESULTS MAY NOT BE ACCURATE IF:

1. You have been sick or ill within 2 weeks of the test.
2. You are taking medication which will raise or lower your blood sugar.
3. You do not follow the preparations for the test that are listed below.

NOTE: If your physician gives you a different set of preparation instructions, or if you fit into categories 1, 2 or 3 above, please contact him for further clarification.

PREPARATION FOR THE TEST

1. During the three days immediately before the test you should have a diet that will contain at least 150 grams of carbohydrates. Therefore, eat the diet we suggest on the attached sheet PLUS any other food you desire, unless your physician advises against it.
2. The day before the test, have your last meal before 10:00 p.m. Afterwards, do not eat anything until the test is completed. After 10:00 p.m. you should not drink alcohol, coffee or tea; smoke; or do physical exercise (shoveling snow, basketball, physical education, etc.). You may drink as much water as you please.
3. On the day of the test, arrive promptly at the appointed time, so that the test can be completed during the morning.
4. Some medications may need to be discontinued for three days prior to the test. Check with your physician before discontinuing medications.

AFTER COMPLETION OF THE TEST

1. You may consume a normal meal.
2. You may experience light-headedness or dizziness later in the day. If persistent or severe, call your physician.