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Patient Name _____ Date _____

The doctor has ordered a procedure for you called a **GROWTH HORMONE STIMULATION TEST**. This procedure is to determine pituitary function and if you are deficient in growth hormone. Growth hormone plays an important role in sustaining lean body mass in adults and therefore in controlling blood lipid (Fat and Cholesterol) levels, muscle strength and mobility, energy levels, and cardiac function.

The procedure is scheduled for _____ at _____

NOTE: Please notify the office if you have taken or are taking any medication (Oral or injected) containing cortisone. These medications can affect the results of the test and must be reviewed and perhaps withheld for a least one month prior to the test.

If you are unable to keep your appointment, please call the office as soon as possible to reschedule. Please note that there is an office policy regarding missed or cancelled appointments.

INFORMATION about the procedure:

- It takes about 3 hours and is preformed here at the doctor's office
- An intravenous line will be used to administer medication and obtain blood samples
- It is not necessary to make special arrangements for someone to drive you home after the procedure.

Preparation for the procedure:

- **DRINK LOTS OF WATER** the day before the procedure and limit caffeine
- **DO NOT EAT OR DRINK ANYTHING EXCEPT PLAIN WATER FOR 12 HOURS BEFORE THE PROCEDURE....NOT EVEN NON-CALORIE DRINKS SUCH AS COFFEE OR TEA**
- **YOU MUST BRING FOOD WITH YOU to eat at a designated time during the procedure (a sandwich, cheese and crackers, nuts and fruits)**
- Do not take any medications before the test that might upset your stomach
- Do not take any vitamins the morning of your procedure
- Wear comfortable clothes
- Bring something to keep yourself occupied during the procedure such as a computer, book, magazine etc.

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