

Date ____ / ____ / ____

To evaluate my overall functional performance, the capacity of my heart, and the level of my blood pressure, I hereby consent voluntarily to undergo the stress test(s) described below. I understand that the risk of testing may include heartbeat disorders, abnormal blood pressure response, and very rarely, heart attack — particularly if I take a hot shower shortly after the test. I have been assured that professional supervision will protect me against injury with precautionary measures and that, in the unlikely event these precautions are insufficient, hospital treatment will be available. I understand that the benefits of testing include assessment of working capacity and of my symptoms, especially chest discomfort, and this knowledge will assist in better treatment of my condition. I know that I have the right to withdraw from this test at any time.

The procedure(s) to which I have consented have been explained to me by Dr. _____. I understand that if during the course of the stress test and the imaging procedure (if used) unforeseen conditions may be revealed that require an extension of the procedure or additional treatment. If such circumstances arise, I authorize Dr. _____ to perform such procedure extension or to render such treatment to me as he deems necessary, in the exercise of his professional judgement.

EXERCISE STRESS TEST

I consent to undergo this exercise stress test. I understand that I will be questioned and examined by a physician and have an electrocardiogram recorded to show whether or not testing should proceed. Then I will walk or run on a treadmill with increasing speed until fatigue, breathlessness, chest pain and/or other symptoms are of such severity that I should stop, or until my heart rate has reached the maximum predicted for me. My electrocardiogram will be monitored while I am exercising.

IV PHARMACOLOGICAL STRESS TEST

I consent to undergo a stress test through the use of intravenous Pharmacological agent. I understand that this Pharmacologically will simulate the same kinds of cardiovascular effects as exercise and give my physician information to evaluate my cardiovascular system. I authorize Dr. _____ to perform this Pharmacological stress on me.

INFORMED CONSENT FOR RADIONUCLIDE IMAGING

I further consent to the additional following procedure to my stress test (either by exercise or Pharmacologically, whichever applies to me). Immediately after I stop the test, I will be injected with a dose of radionuclide tracer, and tomography images will be taken. I understand that images taken in this way will permit my physician to have still more information about my cardiovascular system. I understand that additional risks associated with the tracer material and the imaging are not substantial; however, professional supervision of the procedure will continue to be present during the imaging procedures, and hospital treatment will be available.

Signature of Patient: _____ Date: ____ / ____ / ____

Signature of Physician: _____ Date: ____ / ____ / ____



PT.

MR./RM.

DR.