

I, _____ authorize Dr. Marcus L. Williams and such assistants as he may
(Name of Patient)
designate to administer and conduct the Cardiac Stress Test. The following has been explained to me:

CONSENT FOR TREADMILL EXERCISE STRESS TEST

Your physician has felt that it is necessary for you to have a stress test. This means that you will be walking on a treadmill while your heart is constantly monitored by an electrocardiogram. A cardiologist or his assistant will be in attendance and will observe the EKG and take frequent blood pressures during the test. The test will be stopped when you are too tired to continue or the cardiologist/assistant feels that the necessary information has been obtained. There is a risk associated with this test but it is extremely low. Specifically, serious complications (which include heart attack and death) occur in less than, approximately 2-3 in 10,000 stress tests. Benefits of the test include quantitative assessment of significant coronary artery disease. This knowledge facilitates better treatment and a more accurate prognosis for future cardiac events.

NUCLEAR IMAGING CONSENT FORM

Your physician has felt that it is necessary for you to have a stress test. A cardiologist or his assistant will be in attendance and will observe the EKG and take frequent blood pressures during the test. When you have reached a target heart rate or if you are too tired to continue or the cardiologist/assistant feels that the necessary information has been obtained, you will be given an intravenous injection of a radioactive material, which allows us to take images of your heart on a special gamma camera. The radioactive material is Tc99m Tetrofosmin or Thallium-201 and neither has side effects. Two sets of images are obtained; one following the stress test, the other following another injection of the radioactive material. You will be given specific instructions as to the dietary preparation and scheduling of each set of images. *Pregnant women are advised that the radioactive tracers injected during stress testing may cross the placenta and may affect the fetus.*

CONSENT FOR PHARMACOLOGIC STRESS TEST

Pharmacologic stress testing is performed in patients who cannot achieve a target heart rate while performing physical exercise such as walking on a treadmill. The medication used to simulate exercise is called Dipyridamole, which causes your blood vessels to dilate, and your heart rate to increase. This medication is infused by a cardiologist or his assistant over a few minutes and your heart rate, EKG and blood pressure are monitored continuously. There may be side effects which include headache, dizziness, nausea, flushing. Another medication, Aminophylline, may be administered to counteract these side effects. There is risk (including heart attack and death) associated with this test but it is extremely low. A radioactive tracer, Tc99m Tetrofosmin or Thallium-201, will be injected during the test so that images of your heart can be taken on a special gamma camera. There are no side effects to the radioactive tracer. Two sets of images are obtained; one following the stress test, the other following another injection of the radioactive material. You will be given specific instructions as to the dietary preparation and scheduling of each set of images.

By signing this consent form, you are authorizing the cardiologist to do whatever is necessary should unforeseen conditions arise during the test. Emergency personnel and equipment are readily available in the unlikely event they are needed. In addition, you are stating that you have read the above and fully understand the benefits, risks, and alternatives to the stress test as described above and as explained to you. In the course of performing this test, the radioactive material(s) used are potentially harmful to a developing fetus and/or nursing child. *If you know or suspect you are pregnant or if you are breast-feeding, please inform the technologist at this time.*

CONSENT

I have read the information and had an opportunity to ask questions and I hereby willingly give consent to have a Cardiac Stress Test with Nuclear Imaging.

Patient Signature

Witness Signature

Date

PREGNANCY/BREAST-FEEDING DISCLAIMER

For female patients 55 years and younger:

I attest that I am not pregnant and there is no possibility that I may be pregnant. _____ (Patient initials) I attest that I am not breast-feeding a child. _____ (Patient initials)