



Authorization/Consent for Cardiac Diagnostic Testing

Your physician has order one of the following cardiac studies to evaluate your heart.

- Graded exercise stress test
- Nuclear exercise stress test
- Pharmacological nuclear stress test
- Exercise stress echocardiogram
- Dobutamine stress echocardiogram

I hereby voluntary consent to perform an exercise stress test or pharmacological stress test either with nuclear imaging or with echocardiogram in order to evaluate the functional capacity of the heart. Nuclear imaging allows us to take pictures of the heart after an injection of a radioactive isotope is given. These isotopes are a water based potassium substance that is slightly radioactive. With Echocardiogram imaging, ultrasound is used to create images of the heart. I understand the risks of this test may include abnormal blood pressure, fainting, disorders of the heartbeat and very rare instances of a heart attack. Trained personnel and emergency equipment are available to deal with unusual situations, if they arise.

Information about the use of Intravenous Pharmacological stress agents

IV Regadenoson, Persantine, Adenosine or Dobutamine used in conjunction with nuclear imaging or echocardiogram imaging of the heart is an alternative to stress testing for the diagnosis of coronary artery disease. Generally, Regadenoson, Persantine, Adenosine or Dobutamine is used in patients who are unable to exercise due to physical disabilities; or if they were unable to achieve a sufficient diagnostic stress level.

Regadenoson, Persantine, Adenosine, and Dobutamine are well tolerated medications but they have been associated with certain side effects. Most people experience a slight headache, flushed feeling, and/or dizziness which is usually self-limiting and passes. Since you are being evaluated for the possibility of circulation problems to your heart, there is a chance that you may experience chest pain or angina. If this occurs, generally the chest discomfort is relieved by the administration of Aminophylline, which is readily available during the procedure.

I have read the above and voluntarily consent to the use of IV Regadenoson/Persantine/Adenosine or Dobutamine as indicated. I also consent to and request emergency or outpatient care if found necessary by the treating physician. I understand that the practice of medicine is not an exact science and acknowledge that no promises or guarantees have been made to me as a result of care or treatment. I also understand that there are possible risks and/or complications involved with this procedure.

PREGNANT WOMEN SHOULD NOT HAVE THESE TESTS

FEMALES OF CHILDBEARING AGE:

ARE YOU OR COULD YOU BE PREGNANT _____?

ARE YOU CURRENTLY BREASTFEEDING _____?

DATE OF LAST MENSTRUAL PERIOD _____.

Any questions about the above procedures are welcome.
You are free to deny consent or participate if you so desire.

Print Name:: _____ Signature: _____

Date of Birth: _____ Date: _____ Witness: _____