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http://www.swcardiology.com

Consent Form for Cardiovascular Stress Test

I hereby give my consent for a cardiovascular stress test to be supervised by:

☐ Calvert Busch, MD ☐ Harvey Hahn, MD ☐ Ziwar Karabatak, MD

☐ Robert Kiefaber, MD ☐ Brian Schwartz, MD ☐ David Stultz, MD

The test will be performed by either 1) Walking on a treadmill until the physician present determines that the appropriate level of exercise has been performed, or 2) Injecting Lexiscan intravenously followed by a 4 to 5 minute recovery. If the physician determines that walking on a treadmill has not achieved an adequate level of stress, then the test will be converted to a chemical Lexiscan stress test.

Electrocardiograms will be taken before, during, and after the stress test is given. I understand the risks of this procedure may include chest pressure/pain, shortness of breath, disorders of heart rhythm, abnormal blood pressure, flushing, headache, and nausea. These adverse effects usually resolve quickly and spontaneously by the end of the recovery period.

If ordered by your physician, a nuclear imaging study or echocardiographic imaging will be done in conjunction with the stress test. Nuclear imaging involves injecting a radioactive tracer intravenously during a rest period and also during the stress test. This procedure is being performed for diagnostic purposes and is not a cure or treatment for a disease or illness. Nuclear imaging exposes you to a generally low level of radiation, although radiation exposure may vary for each individual, and no dose of radiation has been considered completely safe.

I desire such testing and I understand that the information obtained may be helpful to my physician in deciding on my diagnosis and treatment. I understand that no warranty or guarantee can be or is made as to what results will be gained form the procedure.

Note: Do not sign this form until all of your questions have been answered, or if any further explanation is desired.

Female patients:
I hereby certify that I am not pregnant or nursing _____(initials)

Date of last menstrual period: _____

_____ _____ _____
Signature Date Witness