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Nuclear Stress Test Consent Form

Date: _____ Patient: _____ Medical Record Number: _____

I, for myself, or for the patient named above, do hereby consent to and authorize the performance of the following diagnostic procedure which may be done, ordered or directed by my physician and/or such assistants as may be chosen by NORTHSIDE CARDIOLOGY, PC, including Northside Cardiology, PC, staff.

I understand that stress testing is done to assess whether I have coronary artery disease (a blockage of blood flow to the heart), rhythm disturbances of the heart, or to assess my safe exercise capacity.

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THE EXERCISE NUCLEAR STRESS TEST

DESCRIPTION: The treadmill exercise test includes walking and/or jogging on a moving belt for the purpose of testing the function of the heart and the blood supply to the heart. Preparation for the test includes shaving the chest (if warranted), rubbing the chest with alcohol and abrasive material which may cause some skin irritation. At the appropriate time, a radioactive isotope (Thallium or MIBI) will be injected to allow images of the heart to be taken. During the exam, a cardiologist will be available. Your blood pressure will be checked every 2 to 3 minutes by our technician. At the appropriate time, a radioactive isotope (Thallium or MIBI) will be injected to allow images of the heart to be taken. On two occasions, I will need to lie still under a camera for imaging of the heart at rest and after stress. The radiation exposure is equivalent to having two chest x-rays.

RISKS: There exists the possibility of certain changes occurring during the test, they include: abnormal blood pressure; rhythm disturbances of the heart, chest pain, breathing difficulty; and in very rare instances, a heart attack. Such occurrences may involve the administration of various medications, contrast solutions, the use of x-rays, needles and catheters. Other risks include those generally known to be associated with low dosages of radiation.

ALTERNATIVES: I understand that there are other types of stress tests (also with some risk) and invasive procedures such as a heart catheterization (angiogram) that can sometimes obtain similar information.

FEMALES should be excluded from participation in this study if there is any reasonable possibility that you are pregnant or lactating. As a result, you will be questioned about your method of contraception and the possibility of pregnancy. In addition, you will be excluded from the study unless a laboratory test for pregnancy is negative at the time of study or you are within 10 days of the start of your last menstrual period. By signing this consent form, you certify, to the best of your knowledge, that you are not pregnant.

Initial _____

THE ADENOSINE NUCLEAR STRESS TEST

DESCRIPTION: During this test, Adenosine (a "vasodilator" drug) will be injected through an I.V. that will be inserted for this test. This will cause the blood flow to your heart to increase as though you were exercising strenuously. The physician and a technologist will monitor your electrocardiogram (EKG) and blood pressure throughout the exam. Your heart rate may increase and you may feel flushed, have a headache or feel nauseated. It is possible that you may experience chest pain during this procedure. These symptoms generally begin to subside soon after the infusion is terminated. At the appropriate time, a radioactive isotope (Thallium or MIBI) will be injected to allow images of the heart to be taken. On two occasions, I will need to lie still under a camera for imaging of the heart at rest and after stress. The radiation exposure is equivalent to having two chest x-rays.

RISKS: There exists the possibility of certain changes occurring during the test, they include: abnormal blood pressure; rhythm disturbances of the heart, chest pain, breathing difficulty; and in very rare instances, a heart attack. Such occurrences may involve the administration of various medications, contrast solutions, the use of x-rays, needles and catheters. Other risks include those generally known to be associated with low dosages of radiation.

ALTERNATIVES: I understand that there are other types of stress tests (also with some risk) and invasive procedures such as a heart catheterization (angiogram) that can sometimes obtain similar information.

FEMALES should be excluded from participation in this study if there is any reasonable possibility that you are pregnant or lactating. As a result, you will be questioned about your method of contraception and the possibility of pregnancy. In addition, you will be excluded from the study unless a laboratory test for pregnancy is negative at the time of study or you are within 10 days of the start of your last menstrual period. By signing this consent form, you certify, to the best of your knowledge, that you are not pregnant.

Initial _____

☐ THE DOBUTAMINE NUCLEAR STRESS TEST

DESCRIPTION: The test will be performed while lying on a bed. Preparation for the test involves placing an intravenous line (IV) in your arm, rubbing and/or shaving the chest (if warranted) with alcohol and abrasive material. This may cause some skin irritation. During the exam a medicine, Dobutamine (an "inotropic" drug), is injected into the IV by the nurse to increase the rate and force of your heartbeat (similar to what happens during exercise). It will be increased about every three minutes until the desired heart rate is reached. The medicine may cause a pounding sensation in your chest; this is normal. Rarely, palpitations, a feeling of warmth or flushing, nausea, headache or abdominal discomfort may be noted. All of these signs generally stop once the drug is stopped. In addition Dobutamine has no lasting effects. It should wear off within 10 to 15 minutes after being stopped. There is also the possibility that other medications will be administered such as Atropine (used to help increase the heart rate). At the appropriate time, a radioactive isotope (Thallium or MIBI) will be injected to allow images of the heart to be taken. During the exam, a cardiologist will be present and your blood pressure will be checked every 2 to 3 minutes. At the appropriate time, a radioactive isotope (Thallium or MIBI) will be injected to allow images of the heart to be taken. On two occasions, I will need to lie still under a camera for imaging of the heart at rest and after stress. The radiation exposure is equivalent to having two chest x-rays.

RISKS: There exists the possibility of certain changes occurring during the test, they include: abnormal blood pressure; rhythm disturbances of the heart, chest pain, breathing difficulty; and in very rare instances, a heart attack. Such occurrences may involve the administration of various medications, contact solutions, the use of x-rays, needles and catheters. Other risks include those generally known to be associated with low dosages of radiation.

ALTERNATIVES: I understand that there are other types of stress tests (also with some risk) and invasive procedures such as a heart catheterization (angiogram) that can sometimes obtain similar information.

FEMALES should be excluded from participation in this study if there is any reasonable possibility that you are pregnant or lactating. As a result, you will be questioned about your method of contraception and the possibility of pregnancy. In addition, you will be excluded from the study unless a laboratory test for pregnancy is negative at the time of study or you are within 10 days of the start of your last menstrual period. By signing this consent form, you certify, to the best of your knowledge, that you are not pregnant.

Initial _____

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1. The procedure listed above has been explained to me, and any questions I may have, have been answered to my satisfaction. I understand the nature and consequence of such testing.
2. I recognize that unforeseen conditions arising during the course of the procedure listed above, any necessitate additional or different procedures or an extension of those procedures set forth. I further authorize and request that the above named physician, his assistants, or his designees performs such additional or different procedures as are in their professional judgement necessary and desirable, including, but not limited to, procedures involving pathology and radiology.
3. I understand that stress tests are not prefect. They do not identify early plaque buildup; which can still lead to unstable angina, heart attacks, or sudden death.
4. I understand that at any time I have the right to refuse further intervention/testing.

Witness

Signature of patient or legal representative

Date Time AM/PM

Relationship to patient if not the patient