



Cardiology of San Antonio, P.A.

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Consent for Adenosine Myocardial Perfusion Scan (Adenosine Stress test)

I, _____ authorize Dr. Reyes and his assistants to administer and conduct an adenosine myocardial perfusion stress test. This test is designed to determine the presence or absence of some clinically significant heart disease; to evaluate the effectiveness of my current therapy; and/or to measure my fitness for work or sports.

I understand that I will be given a dose of medicine named adenosine, over a period of four minutes through an intravenous site (IV). In addition, a radiopharmaceutical (Tc^{99m} Myoview or Tl^{201}) will be injected through this same IV site. While having the stress test, my electrocardiogram (EKG) and blood pressure will be continually monitored. The adenosine stress test will continue until I have completed the entire test, or if I experience any abnormal response(s) that the physician or his assistants consider significant, whichever of the above occurs first. I also understand that the test may be terminated if Dr. Reyes or his assistants consider it to be for my safety.

Every effort will be made to conduct the test in such a way as to minimize discomfort and risk. However, I understand that just as with other types of diagnostic tests there are potential side effects and risks associated with an adenosine stress test. These include episodes of lightheadedness, fainting, chest discomfort, leg cramps and very rarely heart attacks or sudden death. There are no risks or side effects associated with the radiopharmaceutical injection. I further understand that the clinic is properly equipped for such situations and that its professional personnel are trained to administer any emergency care necessary. I voluntarily accept the risks associated with the above procedures.

Patient Signature

Date

Witness Signature

Date