



Cardiology of San Antonio, P.A.

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Consent for Nuclear Exercise Myocardial Perfusion Scan (Exercise Stress Test)

I, _____ authorize Dr. Reyes and his assistants to administer and conduct a nuclear exercise myocardial perfusion stress test. This test is designed to determine the presence or absence of 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 walk on a treadmill at a specific speed and elevation. At three-minute intervals, the speed and elevation will increase. While walking on the treadmill, my electrocardiogram (EKG) and blood pressure will be continually monitored. The treadmill speed and elevation will increase until my heart rate reaches a predetermined end point corresponding to moderate exercise. Once my heart rate reaches its predetermined endpoint an injection of a radiopharmaceutical (Tc^{99m} Myoview or Tl^{201}) will be given through an intravenous site (IV) and I will be required to walk an additional minute on the treadmill to allow significant circulation and accumulation of the radiopharmaceutical in my heart. I also understand that the test may be stopped if I experience any abnormal response that the physician or his assistants consider significant.

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 a **Nuclear Exercise Myocardial Perfusion Scan** 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