Please read the box checked below explaining the test you will receive.

☐ Nuclear Imaging with Treadmill Stress

I understand that the purpose of this test is to estimate how well my coronary arteries and heart perform. I understand that the test involves performance of exercise on a motor driven treadmill. I may stop the test whenever I decide I should. During the test my blood pressure and electrocardiogram will be taken. I understand that this test carries known risks, such as irregular heart beat, chest pain, EKG changes, and in extremely rare cases, even heart attack (6 in 10,000) or death. Persons who have heart disease are at some slight risk at all times, and this test briefly increases their risk of heart disease complications in a monitored setting. Trained personnel are available at all times.

Resting and stress nuclear imaging, which evaluates the blood flow to and function of the heart will also be performed as part of the test. This nuclear medicine exam involves the injection of a small amount of tracer, a radioactive material, which is cleared from your body by natural processes. The amount of radiation you will be exposed to is comparable to that from a CAT (CT) scan, which is considered a safe level. However, if you are pregnant, you should not have this test, unless your physician feels the test benefits outweigh possible risks to the fetus. Millions of nuclear medicine exams of various types are performed each year. Images will be taken by a special camera during the test.

☐ Nuclear Imaging with Lexiscan / Dipyridamole Stress

I understand I will be given a medication, regadenoson (Lexiscan), Dipyridamole, or Dobutamine intravenously. This medication may cause the following side effects: flushing, dizziness, headache, nausea, rash, low blood pressure, irregular heart beat, chest pain, or EKG changes, which are usually of brief duration. If necessary, a medication, Aminophylline, will be given to reverse the effects. During the test my blood pressure and EKG will be taken. I understand that this test carries minimal known risks, such as: Irregular heart beat, chest pain or EKG changes. Persons who have heart disease are at some slight risk at all times, and this test briefly increases their risk of heart disease complications in a monitored setting.

I understand that my physician ordering this test concluded that the expected benefit from the information yielded by this test exceeds any disadvantages of the procedure.

After reading the above, and the information from my physician, I agree that I have received from my physician all of the information I wish to have about the testing and I request and consent to the performance of the stress test as indicated above. I authorize the release of any medical information necessary to other physicians who may participate in my care; and/or to process any insurance claim filed for the services described above.

IMPORTANT: IF YOU ARE PREGNANT, SUSPECT YOU MAY BE PREGNANT, OR ARE A NURSING MOTHER PLEASE INFORM THE NURSE, TECHNOLOGIST, OR DOCTOR BEFORE PROCEEDING

___ I deny pregnancy and/or breastfeeding.

DATE: ____________________________ SIGNED: ________________________________________________

TIME: ____________________________ WITNESS: ____________________________________________

Conveniently located next to: Palmetto Richland Hospital
803-256-6511