

CONSENT FORM TREADMILL DUAL ISOTOPE EXERCISE TESTING

I understand that I am to have a treadmill DUAL ISOTOPE stress test for assessing myocardial perfusion and the presence and extent of coronary artery disease. The test helps my physician determine tolerance for work or sports, and/or evaluate the effectiveness of current therapy.

The test will require walking on a motor-driven treadmill to increase my heart rate to a pre-determined level. During exercise, a cardiologist will monitor my heart rate, EKG and blood pressure. The exercise will be stopped if I develop any abnormal response the physician considers significant. When my heart rate achieves an acceptable level I will be injected with Dual Isotope, a radiopharmaceutical used to determine coronary artery blood flow. I need to walk one minute after the injection to adequately distribute the Dual Isotope to my myocardium.

There is a possibility of certain changes occurring during the test, such as abnormal blood pressure, fainting, disorders of heart beat and, rarely, heart attack. Emergency equipment and personnel are available to deal with unusual situations as they should arise.

I have been advised against taking a hot shower, bath or exerting myself for at least 2 hours after the test.

The potential benefit of this test has been explained to me.

Signature

Date

Witness Signature