

SHORE CARDIOLOGY CONSULTANTS

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www.shorecardiology.com

Nuclear Stress Test Consent

- I hereby authorize Shore Cardiology Consultants, LLC of their designee, to perform a Nuclear Stress Test.
- The test may involve walking on the treadmill or intravenous injection of the drug adenosine. A radioactive isotope/substance –Technetium (Myoview, Carodlite) or Thallium may be injected.
- It has been explained to me in layman’s term, the nature and purpose of this, the usual effects, benefits, the possible risks and complications involved (including the potential result if the procedure is not done) and any possible alternatives.
- I am not pregnant at this present time. I understand the radioactive isotopes can cause serious problems to a fetus and I should obtain a pregnancy test, prior to this test, if I have any suspicion of pregnancy.
- Any information obtained during the procedure will be treated as privileged and confidential and will not be revealed without my written consent. This information obtained, however, may be used for managing my condition or statistical or scientific purposes with my right to privacy retained but without a written consent.
- With the above understood, I recognize that I may withdraw my consent at anytime prior to the procedure and I may request the procedure be discontinued at any time.

My signature below constitutes my acknowledgement that I have (1) read and agreed to all of the above, (2) the proposed has been satisfactorily explained to me and I have all the information which I desire, (3) have been given an opportunity to ask any questions that I might have (4) that I hereby voluntarily give my authorization and consent.

Patient’s Name (PLEASE PRINT)

Signature

Patient’s D.O.B.

Telephone Number

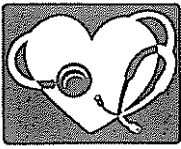
Primary/Family Doctor’s Name

Signature of Witness

Date

*****PLEASE LIST THE NAME OF YOUR MEDICATIONS BELOW*****

_____	_____
_____	_____
_____	_____
_____	_____



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Nuclear Stress Test **Patient Instructions**

What is a thallium/myoview stress test?

This is a stress test involving radioactive isotope substances injected into your body. They are used to find out if your heart muscle receives enough blood supply during exercise. These substances will not change the way you feel. An intravenous (IV) drip will be started in your arm. The isotopes are injected into your IV and pictures of your heart will be taken in approximately 15 minutes. You will be asked to return to the test center 2-4 hours afterwards for the treadmill/laying down portion of the testing. Please do not have any caffeine in between the two tests and avoid smoking. It is important that you give your best effort on the treadmill. Pictures will be taken again after the treadmill portion of the test. Your doctor will call you with the results of the test within a few days.

****Please have a light breakfast and NO caffeine, this includes decaffeinated coffee, tea, and/or soda****

Cancellation: This test requires coordination between your doctor and the test center. The isotope is only viable for that day and is expensive. If you need to cancel this test you must notify our office 24 hours in advance. You will be responsible for a \$50 charge if you do not cancel at least 24 hours in advance.

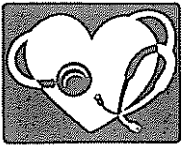
Clothing: Please wear comfortable clothing (short sleeves, no metal snaps or buttons) and appropriate shoes to walk in. ***Ladies please wear a bra and do not wear a dress.***
Please no jewelry.

Insurance: It is your responsibility to provide our office with your insurance card and referral. If a referral is needed you will need to bring the original copy to our office with you. This is very important, as the test can not be performed without a referral.

Time: The stress test may take about 6 hours with a break in between. This test could take the whole day. You may bring your lunch with you and you may also be able to leave and return at a specified time. Please come prepared.

Medications: Please bring your current medications with you.

Please see next page for medication details.
(Continue)



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Medications: Stop the following medications 24 hours prior to test (unless you have chest pain on stopping medications)

Beta Blockers:

Acebutolol (Secral)
Bextaxolol (Kerlone)
Bisoprolol (Zebeta, Ziac)
Carvedilol (Coreg)
Labetalol (Normodyne, Trandate)
Metoprolol (Lopressor, Toprol XL)
Naldolol (Corgard)
Nebuolol (Bystolic)
Penbutolol (Levatol)
Pindolol (Visken)
Propranolol (Inderal, InnoPran XL)
Sotalol (Betapace)
Tenormin (Atenolol)
Timolol (Blocadren)

Calcium Blockers:

Amlodipine (Caduet, Lotrel, Norvasc)
Diltiazem (Cardizem, Carta XT, Dilacor, Tizac, Taztia XT)
Felodipine (Plendil, Lexxel)

Calcium Blockers (cont.):

Isradipine (Dynacirc)
Nicardipine (Cardene)
Nifedipine (Procardia, Adalat, Nifedical, Nifediac)
Nisoldipine (Sular)
Verapamil (Calan, Covera, Veralan, Isoptin, Tarka)

Anti Arrhythmic:

Amiodarone (Cordarone)
Digoxin (Lanoxin)
Dronedarone (Multaq)
Flecainide
Propafenone (Rythmol)
Quinidine
Sotalol (Betapace)

Nitroglycerine Preparations:

Isosorbide Dinitrate (Isordil)
Isosorbide Monitrate (Imdur)
Nitrobid
Nitroglycerin Patch (Nitro-dur, Nitrodisc, Transderm-Nitro, Minitran)