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CONSENT FOR STRESS TESTING

I hereby consent to engage voluntarily in a stress test on the advice of my physician, _____ to determine the state of my heart and circulation. The information so obtained will help my physician in advising me as to the activities in which I may engage and as to the presence and/or severity of cardiac problems. Before the test, a brief interview and examination will be performed by a physician to determine if I have any conditions that would indicate I should not engage in this test. A physician will be present throughout testing, and he/she and his trained assistants will keep under surveillance my heart rate, blood pressure and electrocardiogram.

Stress tests may be performed on a treadmill, with the amount of effort increasing gradually until I fatigue, request that the test stop or develop shortness of breath, chest discomfort or other conditions that would indicate the need to stop.

For nuclear stress tests, an intravenous catheter will be placed in a vein in my arm. These tests involve the administration of a small dose of radioisotope such as thallium-201 or technetium-99m which allow my heart to be imaged with a special camera designed for this purpose. This is not a "dye". Reactions to this isotope are extremely rare. The amount of radiation exposure is comparable to a stomach X-ray and is considered minimal in comparison to the amount of information that can be obtained from this type of test.

For tests not performed on a treadmill, medications such as Lexiscan, adenosine or dobutamine may be administered. These medications may reproduce the effect of exercise on the heart. Occasionally, nausea, headache, facial flushing or the sense of malaise may occur. Other side effects, including asthma attacks, are rare.

For stress echocardiography, an ultrasound examination of my heart will be obtained prior to and post-stress.

Any stress test may produce palpitations, shortness of breath or chest discomfort. All efforts are taken to minimize the occurrence and severity of any side effect that may occur. Specific treatments and resuscitative equipment are available, and our personnel are well-trained to deal with all situations that may arise during the course of my test. Serious events are rare.

Information concerning my test will be treated as privileged and confidential. It may be used for statistical or scientific purposes with my right of privacy retained.

I have read and I understand the above. All questions have been answered to my satisfaction.

DATE: _____ SIGNATURE: _____

WITNESS: _____