



CENTER OF THE HEART
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P A T I E N T - C E N T E R E D C A R D I A C C A R E

CONSENT FOR TESTING

Patient name (print) _____ Acct # _____

I consent to voluntarily engage in an exercise test to help determine the state of my heart and circulation. The information obtained will help my physician determine my state of health, and an appropriate plan for medical treatment and care.

I have had an examination with a physician prior to this test to determine if I have any condition which would indicate that I should not engage in this test. The potential risks and complications of this test have been explained to me. If I am pregnant, or the possibility of pregnancy exists, it is my responsibility to notify personnel prior to signing this document.

The test which I will undergo is _____. If performance on a treadmill is required, instruction will be given. The amount of effort will increase gradually with trained personnel monitoring pulse, blood pressure, and electrocardiogram. If I am unable to perform on a treadmill, intravenous medications will be used to simulate exercise if the doctor feels it is necessary and an order for the test is received. Dobutamine is an IV medication that will be given to increase the heart rate gradually to a pre-determined limit. Adenosine is a medication that dilates the vessels and is given over a short period of time. If a nuclear test has been ordered, a radioisotope will be injected intravenously as well. The most common side effect of this is a metallic taste in the patient's mouth. A nuclear technician will perform the test and monitor patients receiving these medications under the doctor's orders. A physician will be on site during testing.

Certain changes may occur during this test. These include, but not limited to, abnormal blood pressure, fainting, labored breathing, and disorders of the heart (too fast, too slow, or ineffective) and a very rare instance of myocardial infarction. Every effort will be made to minimize these effects by preliminary examination and by observation during the test. Emergency equipment and trained personnel are available at your side to handle these unusual situations, should they arise. If any unforeseen conditions occur during the test, I request and authorize the supervising physician to use his judgment in treating me in addition to, or different from, tests now contemplated.

The information that is obtained will be treated as privileged and confidential and will not be released or revealed to any person without my written consent. This information, however, may be used for statistical or scientific purposes with the right of privacy retained.

I have read and above information and understand it. Any questions I had have been answered to my satisfaction prior to the execution of this consent.

Signature of Patient _____ Date _____

Signature of Witness _____ Date _____