



# Summit Diagnostic Imaging Center

## Consent for Stress Test

### **Exercise Stress Test \_\_\_\_\_ Initials**

Exercise will be performed by walking on a treadmill until your heart has reached at least 85% of the maximum predicted value for your age or until it is considered advisable to stop the exercise.

### **Radionuclide Pharmacological Stress Test \_\_\_\_\_ Initials**

Instead of physical exercise to stress your heart, you will be given a pharmacological agent to increase the blood flow to your heart via coronary vasodilation.

Rare complications that may occur during either an exercise or radionuclide pharmacological stress test include:

- Headache
- Dizziness
- Nausea
- Flushing
- Abnormal Blood Pressure
- Disorders of the heartbeat
- Heart attack

During your test, your heart and blood pressure will be monitored by the technologist and cardiologist, who will be present throughout the test.

I have read this form, and I understand the test procedure and risks. I consent to have the stress test checked above.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness