



OFFICE USE ONLY

Patient Order Verified YES NO

Patient Identified YES NO

Initials: _____

MYOCARDIAL PERFUSION PET STRESS TEST CONSENT

I, _____ authorize Foothill Cardiology or associates to perform a myocardial perfusion PET stress test on me or _____. This procedure evaluates the blood flow (perfusion) through the coronary arteries to the heart muscle using a radioactive tracer. The completed exam consists of intravenous access, resting images, a stress test (performed by use of a medication - no exercise or treadmill), and stress imaging. I understand that a pharmacologic agent (Adenosine/Lexiscan or Persantine) will be administered during the test in place of exercise to adequately vasodilate the blood vessels which supply my heart. The procedure used to administer the agent as well as its potential side effects have been explained to me.

I have had an opportunity to review this form and to ask questions. My questions have been answered to my satisfaction.

The results of the stress test will aid in diagnosis of my problem, managing my diagnosed problem, and/or determining the efficacy of medications or treatment.

I understand that the facility is equipped to handle medical emergencies related to the myocardial perfusion pet stress test.

I authorize the performance of any diagnostic procedure and medical or surgical procedure that may be advisable or beneficial for my health if it becomes necessary during and immediately following the exercise stress test.

I certify that I have read the preceding information and that I understand it. My consent to this procedure is uncoerced and voluntarily given.

★ IF FEMALE: CHANCE OF PREGNANCY? YES NO ARE YOU BREASTFEEDING? YES NO

Patient Signature

Date

Witness Signature

Date