

GLOBAL CONSENT FORM

My physician has recommended that I undergo a procedure known as a single photon computed tomography (SPECT) test. This test will show the amount of blood circulation within my heart. The information thus obtained will help my physician evaluate the condition of my heart. The purpose of this form is to document my informed consent to the procedure.

An IV will be started in one of my veins. The test consists of a radioactive isotope (Thallium, Cardiolite, or Myoview) being injected into my vein through the IV site at two intervals during the test. As part of the test, my heart size, blood pressure and respirations may be increased either through exercise or through the use of drugs (Adenosine, Persantine, or Regadenoson).

During the procedure for Pharmacological Stress Test/Exercise Stress Test my pulse, blood pressure and electrocardiogram will be monitored.

As with any medical procedure of this nature, the test entails certain risks. These include but are not limited to the rare possibility of a serious complication occurring during the test, such as a severe allergic reaction or heart attack, potentially resulting in sudden death. Every effort will be made to minimize the possibility of such complications by the preliminary examination prior to the test and by observations during the test. Emergency equipment and trained personnel are available to deal with unusual situations, which may arise.

1. Sex ☐ Female ☐ Male
2. Are you currently pregnant, possibly pregnant, or breastfeeding? ☐ Yes ☐ No
3. Do you have any latex allergies? ☐ Yes ☐ No
4. Date of birth _____
5. Are you taking Viagra? ☐ Yes ☐ No
6. Primary Physician's Name: _____

CONSENT: I certify that my physician has explained the risks of the procedure described above; that I had an opportunity to ask questions and that those questions have been answered; and that I voluntarily grant informed consent for the Procedure.

Patient Name

Witness

Patient Signature

Date

Geetha M. Reddy, M.D., F.A.C.C. Date