

Consent to Stress Testing

Please read the box checked below explaining the test you will receive.

Nuclear Imaging with Treadmill Stress

I understand that the purpose of this test is to estimate how well my heart, lungs, and blood vessels perform. I understand that the test involves performance of exercise on a bicycle ergometer or motor driven treadmill. I may stop the test whenever I decide I should. During the test my blood pressure and electrocardiogram will be taken. I understand that this test carries known risks, such as irregular heart beat, chest pain, EKG changes, and in extremely rare cases, even heart attack or death. Persons who have heart disease are at some slight risk at all times, and this test briefly increases their risk of heart disease complications in a monitored setting.

Resting and stress nuclear imaging, which evaluates the blood flow to and function of the heart will also be performed as part of the test. This nuclear medicine exam involves the injection of a small amount of tracer, a radioactive material, which is cleared from your body by natural processes. The amount of radiation you will be exposed to is comparable to that from a CAT (CT) scan, which is considered a safe level. However, if you are pregnant, you should not have this test, unless your physician feels the test benefits outweigh possible risks to the fetus. Millions of nuclear medicine exams of various types are performed each year. Images will be taken by a special camera during the test.

Nuclear Imaging with Lexiscan / Dipyridamole Stress

I understand I will be given a medication, Adenosine or Dipyridamole (Dipyridamole is also known as Persantine) intravenously. This medication may cause the following side effects: flushing, dizziness, headache, nausea, rash, low blood pressure, irregular heart beat, chest pain, or EKG changes, which are usually of brief duration. If necessary, a medication, Aminophylline, will be given to reverse the effects. During the test my blood pressure and EKG will be taken. I understand that this test carries minimal known risks, such as: Irregular heart beat, chest pain or EKG changes. Persons who have heart disease are at some slight risk at all times, and this test briefly increases their risk of heart disease complications in a monitored setting.

Resting and stress nuclear imaging, which evaluates the blood flow to and function of the heart will also be performed as part of the test. This nuclear medicine exam involves the injection of a small amount of tracer, a radioactive material, which is cleared from your body by natural processes. The amount of radiation you will be exposed to is comparable to that from a CAT (CT) scan, which is considered a safe level. However, if you are pregnant, you should not have this test, unless your physician feels the test benefits outweigh possible risks to the fetus. Millions of nuclear medicine exams of various types are performed each year. Images will be taken by a special camera during the test.

The benefits from taking this test include the possibility of finding evidence that the heart, lungs, and circulation are performing normally rather than limited by disease. If evidence of abnormality is found, the test data will contribute to identifying the nature and extent of abnormality as an aide in the selection of appropriate treatment.

I understand that my physician ordering this test concluded that the expected benefit from the information yielded by this test exceeds any disadvantages of the procedure.

After reading the above, and the information from my physician, I agree that I have received from my physician all of the information. I wish to have about the testing and I request and consent to the performance of the stress test as indicated above.

I authorize the release of any medical information necessary to other physicians who may participate in my care; and/or to process any insurance claim filed for the services described above.

**IMPORTANT: IF YOU ARE PREGNANT, SUSPECT YOU MY BE PREGNANT, OR ARE A NURSING MOTHER, PLEASE INFORM THE NURSE, TECHNOLOGIST, OR DOCTOR BEFORE PROCEEDING**

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

## Instructions for Nuclear Cardiac Stress Tests

Your physician has ordered a Nuclear Cardiac Stress Test. Please read this carefully and follow all instructions that apply to you. Please allow 3 – 5 hours for test completion.

**YOUR TEST HAS BEEN SCHEDULED AT MedHelp 280 AS FOLLOWS:**

Date \_\_\_\_\_ Time \_\_\_\_\_

### **Test Preparation:**

- No caffeine or decaffeinated products 24 hours prior to the test (avoid all soft drinks, chocolate, coffee and tea including decaffeinated coffee and tea which do contain a small amount of caffeine).
- Do not eat or drink anything except water 4 hours prior to the test.
- Do not smoke or use any tobacco products 4 hours prior to the test.
- Do not use any nicotine products ( include patches, gum, etc.) 4 hours prior to the test.
- Take all your daily medications with water on the day of the test except those listed in the “Medications to Avoid Prior to Testing” unless otherwise instructed by your physician or staff.
- Bring a written list of your medication(s) with you.

**If you have any questions regarding your medication(s), please discuss them with your physician or staff.**

### **Medications to Avoid Prior to Testing:**

- Do not take “Beta Blockers” for 24 hours before the test. Beta blockers should not be taken on the morning of the test but bring them to take afterwards (examples of these medicines include Atenolol, Tenormin, Metoprolol, Lopressor, Toprol, Zebeta. **However, if you are on Coreg (a beta blocker), you should take it as usual).**
- Do not take Viagra or Levitra for 48 hours prior to the test.
- Do not take Cialis for 7 days prior to the test.

### **Day of the Test:**

- Please arrive 15 minutes before your test time in order to complete paperwork.
- Women should not wear a dress.
- Men should not wear overalls or coveralls.
- Bring or wear a comfortable pair of walking shoes or sneakers with you.
- Wear a comfortable, loose-fitting casual outfit.
- You may bring a snack with you, to eat AFTER the STRESS TEST.

### **Inform the Technologist if you have taken or are/have experienced any of the following:**

- Any Persantine, Dipyridamole or Aggrenox taken within the last 7 days.
- Any asthma, asthmatic bronchitis, wheezing, emphysema or lung disease
- Any pulmonary inhalers that you have used recently or in the past, or of any breathing treatments required. (Please bring any inhalers with you).
- Any recent worsening of chest symptoms.
- Any recent symptoms suggesting stroke even if these symptoms went away.
- Any Viagra, Levitra, Cialis or similar type medications taken with the last 7 days.

**If you have any questions about these instructions, please consult your physician or staff.**

## **IMPORTANT NOTICE REGARDING NUCLEAR CARDIAC STRESS TESTS**

Dear Patient,

Thank you for utilizing MedHelp 280 and allowing us to meet your medical needs. You have been scheduled for a Nuclear Cardiac Stress Test. This study involves the use of diagnostic levels of radioactive drugs, which are ordered the day before your study from an outside source. These drugs, called radiopharmaceuticals, are ordered specifically for you and your appointment time. **If you cannot keep your appointment, please call the office 24 hours before your scheduled time. The radioactive drugs used for testing are expensive and cannot be returned!**

**Based on this fact, if we do not receive notification of your appointment cancellation 24 hours prior, you will be charged \$210.00 to cover the cost of these drugs.**

**Thank you for your cooperation in this matter.**

**I have read and understand the above statement.**

**Signed:\_\_\_\_\_ Date:\_\_\_\_\_**

## Request for Consulting Physician Nuclear Stress Test Interpretation

Patient Name: \_\_\_\_\_

I understand that a physician or physician group who specializes in reading the nuclear stress test images will be used to interpret the nuclear stress test. This physician or physician group is not a part of MedHelp 280, but was selected by MedHelp 280 to perform these services based on their certifications and experience.

I also understand that I may designate a physician group of my own choosing to interpret the nuclear stress test. **If you have no interpreting physician preference or wish to use the physician(s) selected by MedHelp 280, please check the box designating this choice and initial below:**

I wish to use the physician(s) selected by MedHelp 280 Initials \_\_\_\_\_

**If you would like to designate a specific consulting physician or physician group other than the interpreting physician group used by MedHelp 280, please check the box designating this choice and indicate their name below:**

I wish to use the physician(s) of my own choosing as listed below: Initials \_\_\_\_\_

\_\_\_\_\_  
(Physician or Physician Group Name)

(\*Note: Any interpreting physician designated must have specific training and certifications as specified by the Alabama Department of Public Health, Medicare, and Blue Cross/Blue Shield of Alabama to interpret such studies)

I understand that a report of the interpreting physician’s findings and any recommendations will be sent to MedHelp 280. I also further understand that health information pertaining to this exam including health history, medicines, and direct test information may be shared with the interpreting physician to further enhance the accuracy of my test, and that I may receive a separate bill for these interpretation services depending on my particular insurance type or contract.

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

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian (If Patient is a Minor)



## QUESTIONNAIRE FOR FEMALE PATIENTS

*To be completed by all female patients 50 years of age or less.*

Name \_\_\_\_\_ Patient ID# \_\_\_\_\_

1. Are you (check the appropriate box):

- Post-menopausal
  - Pre-menopausal, surgically sterile (e.g. hysterectomy, tubal ligation, etc.)
  - Pre-menopausal, not surgically sterile. **If so, are you or do you think you are or could you be pregnant?**
    - Yes
    - No
- Response Initialed By Reviewer: \_\_\_\_\_

The date of your last menstrual period was: \_\_\_\_\_

2. Have you ever had a mastectomy?  Yes  No

- Right
- Left
- Implant
- Prosthesis

3. Are you currently breast-feeding:  Yes  No

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

## INSTRUCTIONS FOR BREAST-FEEDING PATIENTS

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

You have been scheduled for a Nuclear Cardiac Stress Test.

This procedure will require that you receive a small amount of radioactive solution, delivered via an IV line.

You have also indicated that you are currently breast-feeding an infant/child. Please follow the instructions indicated below relating to breast-feeding after the administration of the radioactive material.

**It is recommended that you pump and store a 24 hour supply of breast milk BEFORE ARRIVING FOR THE EXAM to cover this time period. Please consult with your OB/GYN for correct storage methods.**

**You will need to interrupt (discontinue) the breast-feeding for a period of 24 (twenty-four) hours.**

Small quantities of the radioactive material you will be administered will be present in your breast milk following the examination. Although failure to interrupt your breast-feeding will not produce any noticeable adverse effects in your infant/child, it is prudent to avoid the unnecessary radiation exposure to your infant/child if possible. You may continue breast-feeding your infant/child after the interruption recommended above. At that time, your child will not receive any significant radiation exposure as a result of continuing breast-feeding.

I understand that I need to interrupt (discontinue) breast-feeding for a period of 24 (twenty-four) hours.

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_