



## CONSENT FOR NUCLEAR PET STRESS TESTING

In order to determine an appropriate plan of medical management, I hereby consent to voluntarily engage in a **PET NUCLEAR STRESS TEST** to determine the state of my heart and circulation.

I understand this test will be performed with a chemical stress agent. I understand this stress agent may cause symptoms such as dizziness, shortness of breath, chest discomfort and nausea may appear.

I understand there exists the possibility of complications occurring during the procedure. This could include, but is not limited to heart attack. Emergency equipment and trained personnel are available to deal with unusual situations which may arise. Should any complications occur, I consent to treatment to correct the complication.

I consent to the insertion of an IV prior to the start of the test and the injection of 2 small dose of Radio-Isotope during test as applicable.

I understand that I may withdraw my consent to testing at any time. I am aware that practice of medicine is not an exact science, and acknowledge and understand that no guarantees have been made to me concerning my performing this test.

In addition to having the forgoing explained to me, I have read and fully understand this consent form. After having sufficient opportunity for questions, I do hereby give consent freely and voluntarily to participate in the nuclear stress test.

**I HAVE READ THE FORGOING STATEMENT AND UNDERSTAND IT. ANY QUESTIONS WHICH MAY HAVE OCCURRED TO ME HAVE BEEN ANSWERED TO MY SATISFACTION.**

**PATIENTS NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**PATIENTS SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**WITNESS SIGNATURE:** \_\_\_\_\_

**SUPERVISING PHYSICIAN'S SIGNATURE:** \_\_\_\_\_