



## Consent for Myocardial Perfusion Dobutamine Stress Test

*I hereby consent to voluntarily engage in a test, ordered by my physician, to determine the state of my heart and circulation in order to determine a diagnosis and/or management of my medical condition.*

**Rest Day (2hrs):** You will be given an intravenous injection of small amount of radioactive tracer. Any adverse reactions due to the radioactive tracer are extremely rare. You will not feel anything different from this injection and you will be able to drive and continue on your daily routine once the test is complete. After the injection there will be a 45 minute wait, then a series of images will be taken. For the duration for the images (15 minutes) you will be lying on your back with your arms above your head, while the camera rotates around your chest and takes pictures of your heart.

**Stress day (2hrs):** You will be given an intravenous, your chest will be prepared to place ECG electrodes onto the skin. Your blood pressure and ECG will be checked before the stress test begins. The Dobutamine stress test will be performed by gradually injecting a pharmaceutical called Dobutamine through the Intravenous. Dobutamine acts by gradually increasing your heart rate until the target heart rate is achieved. At this point an additional small amount of radioactive tracer will be injected into your intravenous. The risks associated with Dobutamine stress testing are also very small and can include the development of abnormal blood pressure, abnormal heartbeat, heart attack, and very rarely death. Our staff who are supervising your test are fully trained in preventing and managing these complications. The physician ordering your test has concluded that the benefits of the information gained from the test outweigh the risks of the procedure.

After the Dobutamine stress test there will be a 60 minute wait, then an additional set of images will be taken.

*I have carefully considered the risks involved in this test, and, with the full knowledge of such risks, I hereby consent to undergo the Myocardial Perfusion Dobutamine Stress Test.*

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

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

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