



The Heartbeat Clinic

Amer Suleman M.D

Stress Cardiolyte Consent

Date of Test: _____ **Time:** _____

Stress Cardiolyte Instructions: Nothing to eat or drink (except for water) for **4-6 hours** prior to the exam. **No caffeine** products for **24 hours** prior to the exam (ex: coffee, tea or sodas). Wear comfortable clothes and shoes. Take your medications except for your high blood pressure medications as instructed by the physician. This exam will take approximately 2 hours. You will be able to drive afterwards (If you are able to drive yourself). Please call (214) 504-9942 if you have any questions regarding this procedure.

Consent for Stress Cardiolyte: I hereby authorize Dr. Amer Suleman to perform the stress test. In order to determine an appropriate plan of medical management, I hereby do consent to voluntarily engaging in a stress test with to without the injection of radioactive isotope to determine the state of my heart and its circulation. The test will consist of being attached to an EKG monitor while walking on a treadmill or receiving pharmacologic stress agent. If the test is to be aided by an injection of a radioactive isotope, the technologist will start an IV in the vein. The exercise will be continued until the necessary heart rate is achieved or until symptoms occur.

Female Patient Screening (applicable to females that are 11-55 years of age):

1. Is there any possibility you could be pregnant? Yes No
2. If "NO", please check appropriate:
 - Had a hysterectomy, tubal ligation, or post- menopausal?
 - Currently on birth control?
 - Your last menstrual cycle start within the last 14 days?
When was the date of your last menstrual period _____
3. Are you currently breast feeding? Yes No

No Show Responsibility: The stress cardiolyte involves us ordering dye that must be opened before you arrive. If you do not show up for this appointment, the medication will be unusable. **Please give us a 24-hour notice** if you will not be able to make the appointment. If you do not show up for this appointment and no notification is received within 24 hours prior to the test, then we will be billing you for the cost of the nuclear medication ordered. The cost of the medication is as follows: TC 99m Myoview \$84.00 Please let us know if you have any questions regarding this policy.

I have read and understand the above information. Patient Name: _____

Patient Signature

Witness

Date