

Echo Stress Test Instructions

Dear patient:

You are about to undergo a cardiac stress test. During the test you will be placed on a treadmill (moving belt) that will cause you to walk at various speeds and grades of elevation. During this exercise, your pulse rate and electrocardiogram will be continuously monitored. Your blood pressure will be measured during each level of exercise. In addition, an abbreviated cardiac ultrasound (echocardiogram) will be performed immediately following the exercise.

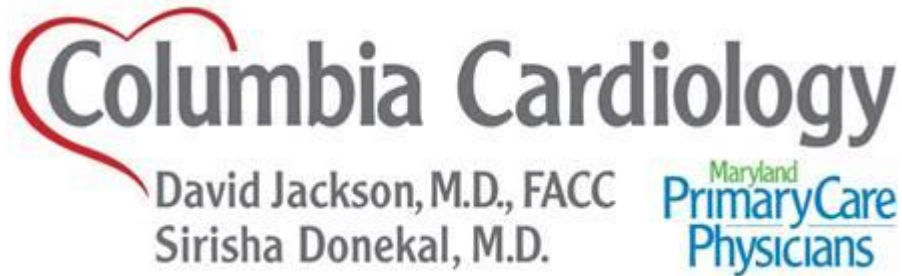
The purpose of this test will vary according to the individual patient. It is used for screening for heart disease, evaluating irregular heart beats, measuring exercise capacity, monitoring blood pressure response to exercise, evaluating the effectiveness of medications, and for objectively following patients with known heart disease. During the test, you may feel weak, dizzy, fatigued, or short of breath. It is also possible that you could develop chest pain or faintness. If you develop any of these symptoms, you should inform the doctor immediately. The test will be stopped at any time if need be.

- ♥ For your comfort, we suggest that you wear comfortable walking shoes, shorts or loose fitting pants.
- ♥ Removal of pantyhose and compression stockings is required.
- ♥ All patients will be exercising undressed from the waist up (gowns will be provided).
- ♥ For female patients this will require the removal of bras.
- ♥ All patients should be aware that chest hair may have to be shaved in order to attach EKG electrodes.

***Please do not have anything to eat or drink within 2 hours of the test, except sips of water for taking medication.**

Please contact office for medication restrictions

Please contact us immediately for instructions for any Nuclear Stress Test



Patient Authorization for Echo Stress Test

I, _____, authorize Dr. David Jackson and Dr. Sirisha Donekal and any they may designate, to administer and conduct the exercise stress echo test. This test is designed to measure my fitness for work and/or sports; to determine the presence or absence of clinically significant heart disease; to evaluate for possible exercise induced irregularities of heart rhythm; to evaluate blood pressure response to exercise; and/or to evaluate the effectiveness of my current medical therapy.

I understand that I will walk on a motor-driven treadmill. During the performance of physical activity, my electrocardiogram will be monitored continuously, and my blood pressure will be measured and recorded periodically. Exercise will be progressively increased until I have achieved a predetermined age predicted heart rate, or have achieved at least a moderate amount of physical work. If I become distressed in any way, or develop a response that the physician considers significant, the test may be terminated prematurely.

Every effort will be made to conduct the test in such a way as to minimize discomfort and risks. However, I understand that, just as with other types of diagnostic tests, there are potential risks (approximately 2-3 per 10,000) associated with an exercise test. These include episodes of transient lightheadedness, fainting, chest discomfort, leg cramps, and, very rarely, heart attack or sudden death. I further understand that the laboratory is properly equipped for such emergency situations and that its professional personnel are trained to administer any emergency care necessary. I voluntarily accept the risks associated with the above procedure.

Signature of Patient: _____

Witness: _____

Date/MR #: _____

Please bring this form with you at the time of your visit