

# *Merrimack Valley Cardiology Associates, Inc.*

*Robert M. Shulman, MD FACC   Jose M. Carrion, MD FACC   Richard G. Birkhead, MD FACC   James B. Waters, MD FACC   Harsh Sanchorawala, MD FACC  
Walter M. Jo, MD FACC   Eric J. Ewald, MD FACC   Omar A. Ali, MD FACC   Kirk J. MacNaught, MD   Arash Tabaei, MD   Benjamin Smith, MD*

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## CONSENT FOR PHARMACOLOGICAL MYOCARDIAL PERFUSION STRESS TEST

PATIENT NAME:

DATE:

I, \_\_\_\_\_, authorize \_\_\_\_\_, under the supervision of an MVCA Cardiologist, and such assistants that may be designated to administer and conduct the pharmaceutical stress test. This test is designed to determine the presence or absence of clinically significant heart disease and/or to evaluate the effectiveness of my current therapy.

I understand that this test requires an intravenous injection of a medication called a vasodilator (either adenosine or dipyridamole) that will cause alterations in blood flow to the heart. This may cause mild nausea or a mild headache, irregular heart beat, changes in blood pressure, or possibly chest symptoms. An injection of a myocardial imaging agent will be given, which allows a picture of my heart to be taken. The injection of a third medication at the end of the test may be given as an antidote to the first, if needed.

I understand that I may walk on a motor-driven treadmill. During the performance of physical activity, my electrocardiogram will be monitored and my blood pressure will be measured and recorded at periodic intervals. I understand that I may stop the testing at any time if I so desire.

Every effort will be made to conduct the test in such a way as to minimize discomfort and risk, but I understand that just as with other types of diagnostic tests, there are rare but potential risks associated with an exercise test which include fainting, falling, irregular heart beat, and very rarely, heart attack or death. Precautions for your safety will be observed at all times. Professional staff will be present during testing and emergency treatment will be available if it becomes necessary. A cardiologist is available at all times should a problem arise.

I voluntarily agree to engage in a pharmacological myocardial perfusion stress test. All my questions have been answered to my satisfaction.

\_\_\_\_\_  
Patient Signature / Date

The preceding consent was read, discussed and signed in my presence and in my opinion the person so signing did so freely and with full knowledge and understanding.

\_\_\_\_\_  
Witness Signature / Date