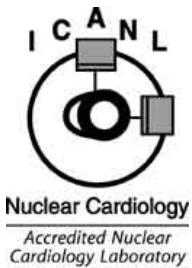


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shadysidecardio.com

## CONSENT FORM FOR INTRAVENOUS DIPYRIDAMOLE STRESS TEST

I, \_\_\_\_\_, authorize Dr. \_\_\_\_\_ of Shadyside Cardiovascular PLLC and such other physicians as may be assigned by him, the nurses, technicians and other persons employed in or associated with the Exercise Physiology Laboratory to administer and conduct the Intravenous Dipyridamole (Persantine) stress test. This test is intended to evaluate the possible presence or absence of coronary artery disease. I understand that I will be given a 4 minute intravenous infusion of Dipyridamole. My blood pressure and electrocardiogram will be recorded at periodic intervals. If the severity of side effects warrants, the test will be stopped prior to the planned 4 minutes.

The incidences of side effects during the Dipyridamole infusion are common, but the side effects are usually well tolerated and short-lived. In addition, the risks associated with the test are low. Potential side effects include chest, throat or jaw discomfort, flushing, headache, shortness of breath, dizziness, nausea and electrocardiogram changes.

I understand that the laboratory is properly equipped for such situations and that its professional personnel are trained to administer emergency care. I voluntarily accept the risks associated with the above procedure. I have asked all of the questions which I thought were important in deciding whether or not to undergo the Intravenous Dipyridamole stress test. I also authorize, request and consent to any diagnostic procedure, medical and/or surgical treatment that may be advisable or beneficial for my health should such become necessary during or after the Dipyridamole stress test.

I CERTIFY THAT I HAVE RECEIVED THE INTRAVENOUS DIPYRIDAMOLE STRESS TEST INFORMATION FORM AND FULLY UNDERSTAND THE ABOVE CONSENT STATEMENT, THAT ALL OF MY QUESTIONS HAVE BEEN ANSWERED TO MY SATISFACTION, THAT ALL BLANKS REQUIRING INSERTION OR COMPLETION WERE FILLED IN PRIOR TO THE TIME OF MY SIGNATURE, AND THAT THIS CONSENT IS GIVEN FREELY, VOLUNTARILY, AND WITHOUT RESERVATION.

Signature: \_\_\_\_\_

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

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

## Intravenous Dipyridamole Stress Test

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NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Your physician has scheduled you for an intravenous Dipyridamole stress test. A pharmacologic stress test using intravenous Dipyridamole (Persantine) will be performed since your physician feels you could not adequately complete an exercise stress test. The purpose of the test is to diagnose possible underlying coronary artery disease or to quantify the extent of known disease.

You will be asked to come to **Shadyside Cardiovascular PLLC, 5750 Centre Ave, Suite 395**, for the test (free valet parking is available at the front entrance). If for any reason you cannot keep your appointment or do not wish to have the test, please call our office (412) 688-6414 **no later than 24 hours before your appointment**. The materials for the test are specifically ordered for each patient 24 hours ahead of time. **You may eat a light meal and take your medications prior to testing unless blood work is needed or your physician advises you not to take specific medications. Do not ingest caffeine which includes regular and decaffeinated coffee and tea, regular and diet colas and chocolate for at least 12 hours prior to the test. Your physician will advise you whether you should take your medications prior to your test.** A copy of our consent form is on the reverse side of this page for your review. Please bring this **unsigned** form with you. The Exercise Laboratory staff will explain the purpose and risks of the test and answer any questions which you might have. You will then be asked to sign the consent form.

Your Dipyridamole stress test will be performed by a physician or designee. A brief history and physical will be performed. The electrocardiogram monitor will be connected and a baseline EKG taken. An intravenous line will be started. Your EKG and blood pressure will be monitored during and after the test. The staff will periodically question you during the test to assess how you are feeling. You may experience chest, throat or jaw discomfort, flushing, headache, shortness of breath or dizziness. These side effects are not uncommon, but are usually well tolerated and short-lived. The Dipyridamole will be given for 4 minutes through the intravenous line. In certain cases, the Dipyridamole infusion may be stopped early, depending on the physician's assessment of any side effects. During the test, the radioisotope will be injected through the intravenous line. After the test, you will go next door to the Nuclear Laboratory and pictures will be taken of your heart. Two sets of images will be obtained, one prior to stress (rest imaging) and one after infusion (stress imaging). The entire test requires 3-4 hours including imaging and stress test.