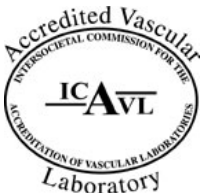
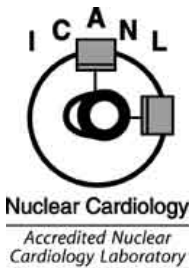


Jeffrey S Garrett, MD, FACC

LeRoy C Moore, MD, FACC

5750 Centre Ave
Suite 395
Pittsburgh, PA 15224
Phone: (412) 688-6414



shadysidecardio.com

CONSENT FORM FOR EXERCISE 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 exercise stress test. This test will measure my exercise capability, possibly determine the presence or absence of heart disease, and/or will help evaluate the effectiveness of my current therapy. I understand that I will walk on a motor driven treadmill. During the performance of physical activity, my electrocardiogram will be monitored and my blood pressure will be measured at periodic intervals. The degree of exercise will be progressively increased until I have gone as far as I can go, attain a predetermined end-point of the test, become distressed in any significant way or develop any abnormal response that the physician considers significant; whichever occurs first. In addition, I understand that I may ask that the test be discontinued at any time.

Every effort will be made to conduct the test in such a way as to minimize discomfort and risk. However, I understand that just as with other types of diagnostic tests, there are potential risks (approximately 2-3 per 10,000) associated with any exercise stress test. These include episodes of dizziness, fainting, chest discomfort, leg cramps and very rarely strokes, heart attacks, or sudden death. I further 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, and I have asked the questions which I thought were important in deciding whether or not to undergo the exercise 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 exercise stress test.

I CERTIFY THAT I HAVE RECEIVED THE EXERCISE TEST INFORMATION FORM AND HAVE READ AND FULLY UNDERSTAND THE ABOVE CONSENT STATEMENT, MY QUESTIONS HAVE BEEN ANSWERED TO MY SATISFACTION, THE 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: _____

EXERCISE STRESS TEST

(PAGE 2)

Name _____

Date _____

You have been scheduled for an exercise stress test. The purpose of this test is to learn whether physical exertion produces any abnormal symptoms or electrocardiographic changes. This information is valuable in helping to determine whether you have an abnormality of the heart. The test also enables your doctor to evaluate the severity of your symptoms and/or your response to treatment. This information is very useful in formulating and guiding your treatment regimen.

You will be asked to come to **Shadyside Cardiovascular PLLC, 5750 Centre Avenue, 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 at (412) 688-6414 **no later than 24 hours before your appointment.** The materials for the test is specially ordered for each patient 24 hours ahead of time. **You may eat a light meal and take your medications prior to testing unless bloodwork 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 hour prior to the test. Your physician will advise you whether you should take your medication prior to your test.** Wear comfortable clothes and shoes, preferably tennis shoes.

A copy of the consent form is on the reverse side of this page and for your review, please bring this form with you **unsigned.** We have already explained the potential benefits of this test to you. What about the risks? Very rarely, serious and even fatal complications of such testing have occurred. Surveys suggest that the risk of a fatal complication is in the range of 1 in 10,000. The risk of a heart attack or stroke is about 4 in 10,000. The Exercise Laboratory staff will explain the usefulness and safety of this test in your individual case and then ask you to sign the consent.

Your exercise test will be performed by a physician. A brief history and physical will be performed. The exercise electrocardiogram monitor will be connected and after that a routine electrocardiogram will be taken. You will be allowed to practice on the treadmill before the actual test is given. A small

the treadmill will be changed based on the exercise protocol as long as you are able to go on walking. Your electrocardiogram and blood pressure will be monitored during and after the test. You will be questioned periodically during the test about how you are feeling. If you experience any symptoms such as chest pain, shortness of breath or dizziness, please let us know immediately. The test will be stopped if you develop certain symptoms, if your electrocardiogram shows a change that requires stopping or when you are extremely tired. At the end of the test, the treadmill will be slowed down and stopped. You will then be assisted back to the examining table and will remain there until your blood pressure and electrocardiogram return to baseline. This usually takes 3-10 minutes. If nuclear imaging is to be performed, a radioisotope may be injected at rest and/or at peak exercise. After the exercise test, you will go 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 stress test (stress imaging). The entire test requires 3-4 hours including imaging and stress testing.