



Teton Nuclear Medicine Service

2001 S. WOODRUFF SUITE 20 • IDAHO FALLS, IDAHO 83404-6370 • (208) 525-3201 • FAX (208) 525-8896

TETON NUCLEAR MEDICINE SERVICE

CONSENT FOR CARDIAC EXERCISE TESTING

Name of Patient

1. I hereby authorize Teton Nuclear Medicine Service to perform cardiac exercise testing by bicycle or motor driven multistage treadmill examination.
2. The purpose of this test will be satisfactorily explained to me, as well as potential risks and dangers. I understand there is a small, but definite risk of either un-foretold cardiovascular events such as an abnormal heart rhythm, heart attack, and possibly sudden death, or bodily injury such as broken bones or skin abrasions, or both.
3. I understand that all necessary and reasonable precautions will be taken for my safety, and that I have the right to terminate testing at any time.
4. I further understand posttesting procedures and that the test results will be retained by this institution and the testing physician.
5. I hereby authorize Teton Nuclear Medicine Service to receive a copy of the results of any additional cardiac tests; i.e., cardiac catheterization, echocardiography.
6. Although I understand that test results are confidential, the results may be sent to my personal physician, _____, M.D.

ADDITIONAL INSTRUCTIONS

Patient's Signature

Date