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CARDIOVASCULAR MEDICINE**

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CONSENT FOR EXERCISE STRESS TEST WITH POSSIBLE ADENOSINE INFUSION

An exercise tolerance test has been recommended by your doctor. You may be asked to walk on a treadmill. Periodically the speed and/or elevation of the treadmill will be increased, requiring a gradual increase in the amount of effort required to continue walking. During the test and immediately afterward, your pulse rate, blood pressure and electrocardiogram will be monitored. You may experience some chest discomfort, shortness of breath, fatigue or leg cramps during the test; you should notify the staff if these, or any uncomfortable symptoms, occur.

You may also receive an infusion of Adenosine which dilates blood vessels. Possible side effects of this drug include chest discomfort, shortness of breath, flushing, nausea, slowing of the heart rate. Serious side effects such as stroke and seizures are fortunately uncommon.

The test is intended to help determine whether your heart is receiving adequate blood supply and whether physical activity has an effect on your heart function. If you were to exert yourself in the course of your usual activities, certain changes in your heart's function could occur. These changes could cause a decrease in blood pressure, fainting, angina or chest discomfort, changes in your heartbeat (such as too slow, too rapid or ineffective heart beating), or even a heart attack. Although the potential for these same problems exists during the treadmill test, the risk is reduced considerably by careful monitoring and observation during the test. Emergency equipment and trained personnel are on hand during the test to deal with any unusual situation which may arise.

The above procedures and risks have been explained to me in detail. I have had ample opportunity to ask whatever questions are necessary before deciding to proceed with the test. I understand that potential risks exist, but that every effort will be made to minimize the risks. I consent to the procedure and authorize the above-named physician to perform the test. I also authorize the above physician to do whatever he/she and his/her colleagues deems advisable should any unforeseen condition arise in the course of performing the test.

Signature of
Patient _____

Date _____

Witness _____

Time _____