



# EAST ATLANTA CARDIOLOGY

5255 Snapfinger Park Drive # 130, Decatur, GA, 30035  
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## Exercise Treadmill/ Pharmacological Stress and Nuclear Imaging Informed Consent Acknowledgement

I have been given a copy of the consent form for stress testing with and without nuclear imaging. By signing this form, I acknowledge that I have read the consent form understand its contents and that I have been given ample opportunity to ask questions and that any questions I have has been answered satisfactorily.

I give permission to Dr Srinivasan and the staff at East Atlanta Cardiology to perform

- Exercise stress testing
- Pharmacological stress testing with nuclear images
- Exercise stress testing with nuclear images.

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Person Giving Consent

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Relation to patient if not the patient

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Date

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Time

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Witness

**Reason for test (Circle):** Chest pain, breathing difficulty, pre-op, syncope (passing out), abnormal EKG, other \_\_\_\_\_

**Risk factors:** High BP, Diabetes, High Cholesterol, Family history, Smoking, Obesity.  
Pacemaker Present? Yes No Allergy:

Current Medications:

Women: Bra Size \_\_\_\_\_ mastectomy or breast implant

Chance of pregnancy

Breast feeding

Nuclear Dose Used

Rest: \_\_\_\_\_

Stress: \_\_\_\_\_

Technologist Comments: