

**CARDIOVASCULAR MEDICAL GROUP
Of Southern California**

**AUTHORIZATION AND CONSENT
FOR
DOBUTAMINE CARDIOLITE STRESS TEST**

PATIENT NAME: _____ **DATE:** _____

ATTENDING PHYSICIAN: _____

REFERRING PHYSICIAN: _____

CARDIOVASCULAR MEDICAL GROUP MAINTAINS PERSONNEL AND FACILITIES TO ASSIST YOUR/THE PHYSICIANS IN THEIR PERFORMANCE OF SPECIAL DIAGNOSTIC PROCEDURES. THESE PROCEDURES MAY ALL INVOLVE RISKS OF UNSUCCESSFUL RESULTS, COMPLICATIONS, INJURY, OR EVEN DEATH, FROM BOTH KNOWN AND UNFORESEEN CAUSES, AND NO WARRANTY OR GUARANTEE IS MADE AS TO THE RESULTS OR CURE. YOU HAVE THE RIGHT TO BE INFORMED OF SUCH RISKS AS WELL AS THE NATURE OF THE PROCEDURE, THE EXPECTED BENEFITS OR EFFECTS OF SUCH PROCEDURE; AND THE AVAILABLE ALTERNATIVE METHODS OF TREATMENT AND THEIR RISKS AND BENEFITS. EXCEPT IN CASES OF EMERGENCY, PROCEDURES ARE NOT PERFORMED UNTIL YOU HAVE HAD THE OPPORTUNITY TO RECEIVE THIS INFORMATION AND HAVE GIVEN YOUR CONSENT. YOU HAVE THE RIGHT TO CONSENT OR TO REFUSE ANY PROPOSED PROCEDURE ANY TIME PRIOR TO ITS PERFORMANCE.

YOUR/THE PHYSICIANS HAVE RECOMMENDED THE PROCEDURE SET FORTH BELOW. UPON YOUR AUTHORIZATION AND CONSENT, THE PROCEDURE SET FORTH BELOW, TOGETHER WITH ANY DIFFERENT OR FURTHER PROCEDURES, WHICH IN THE OPINION OF THE SUPERVISING PHYSICIAN MAY BE INDICATED DUE TO ANY EMERGENCY, WILL BE PERFORMED ON YOU/THE PATIENT. THE PROCEDURE WILL BE PERFORMED BY THE SUPERVISING PHYSICIAN NAMED ABOVE (OR IN THE EVENT OF ANY EMERGENCY CAUSING HIS OF HER INABILITY TO COMPLETE THE PROCEDURE, A QUALIFIED SUBSTITUTE SUPERVISING PHYSICIAN) TOGETHER WITH ASSOCIATES AND ASSISTANTS.

YOUR SIGNATURE BELOW CONSTITUTES YOUR ACKNOWLEDGEMENT (1) THAT YOU HAVE READ AND AGREE TO THE FOREGOING; (2) THAT THE PROCEDURE SET FORTH BELOW HAS BEEN ADEQUATELY EXPLAINED TO YOU BY THE ABOVE NAMED PHYSICIAN, AND (3) THAT YOU HAVE RECEIVED ALL OF THE INFORMATION YOU DESIRE CONCERNING SUCH PROCEDURE; AND (4) THAT YOU AUTHORIZE AND CONSENT TO THE PERFORMANCE OF THE PROCEDURE.

CONSENT:

I _____ HEREBY CONSENT TO VOLUNTARILY ENGAGE IN A DOBUTAMINE STRESS TEST TO DETERMINE THE STATE OF MY HEART AND CIRCULATION. THIS TEST INVOLVES THE USE OF INTRAVENOUS ADMINISTRATION OF DOBUTAMINE AS A SUBSTITUTE FOR EXERCISE. THE DOBUTAMINE WILL BE ADMINISTERED INTRAVENOUSLY OVER SEVERAL MINUTES. DURING THE PERFORMANCE OF THE TEST, A PHYSICIAN OR HIS TRAINED OBSERVER WILL KEEP UNDER SURVEILLANCE MY PULSE, BLOOD PRESSURE AND ELECTROCARDIOGRAM. THERE EXISTS THE POSSIBILITY OF CERTAIN CHANGES OCCURRING DURING THE TESTS. THEY INCLUDE SLIGHT DECREASE / INCREASE IN BLOOD PRESSURE, DIZZINESS, CHEST PAIN AND NAUSEA. EACH OF THE ABOVE CHANGES CAN BE REVERSED BY DISCONTINUATION OF THE DOBUTAMINE INFUSION. IN VERY RARE INSTANCES, A HEART ATTACK OR EVEN DEATH MAY OCCUR. EVERY EFFORT WILL BE MADE TO MINIMIZE ADVERSE EFFECTS BY THE PRELIMINARY EXAMINATION AND BY OBSERVATIONS DURING TESTING. EMERGENCY EQUIPMENT AND TRAINED PERSONNEL ARE AVAILABLE TO DEAL WITH UNUSUAL SITUATIONS WHICH MAY ARISE.

BOTH THE RIGHT TO WITHDRAW FROM THE TEST AT ANY TIME WITH IMPUNITY AND THE RIGHT TO WITHHOLD CONFIDENTIAL INFORMATION FROM NONMEDICAL PERSONS (SUCH AS EMPLOYERS AND INSURANCE AGENTS) WITHOUT CONSENT ARE ASSURED. THE WELFARE OF EACH PERSON WILL BE PROTECTED.

DATE: _____ **SIGNED:** _____

TIME: _____ **WITNESS:** _____