

**CONSENT FORM FOR  
STRESS TESTING (STRESS/NUCLEAR)**

- Charles M.T. Jost, MD.**, Interventional Cardiologist, Principal
- Michael D. Barry, DO.**, Interventional Cardiologist
- Robert C. Candipan, PhD., MD.**, Interventional Cardiologist
- Stuart C. Lipskind, MD.**, Interventional Cardiologist
- Nareg Minaskeian, MD.**, Electrophysiologist

- 7529 E. Broadway Rd.,  
Mesa, AZ 85208  
Rapid Referral Line: **480-945-4343**  
Rapid Referral eFax: **480-522-3030**
- 3420 S. Mercy Rd., Ste 300,  
Gilbert, AZ 85297  
Rapid Referral Line: **480-878-4500**  
Rapid Referral eFax: **480-522-3030**

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**Type of Stress Test:**     Adenosine         Lexiscan         Exercise

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To help determine an appropriate plan for medical and/or surgical management, I hereby consent to voluntarily submit to a stress test to determine the condition of my heart and circulation. I understand that the information obtained from this test will assist my physician to reach a diagnosis and recommend treatment options for me.

I have read the Patient Information and Instructions Sheet pertaining to this test, and my signature below indicates that I understand it. Further, the potential risks and complications of this procedure have been explained to me. I understand and accept them. These include but are not limited to nausea, diarrhea, palpitations, light-headedness, headache, fluctuations in blood pressure, abnormalities in heart rate and/ or rhythm, and chest pain. I have been informed that there is also a rare chance of heart attack occurring during the test.

If any unforeseen, potentially dangerous complications arise during this test, I authorize the medical practitioner to perform any additional diagnostic or therapeutic procedures that are necessary, in their judgement, in the interest of my health and safety.

Any questions that I had, have been answered to my satisfaction. My signature below indicates that I agree.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Patient Name: \_\_\_\_\_

