

X-RAY ASSOCIATES

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STRESS TEST AUTHORIZATION FORM

You are going to be undergoing stress testing to determine whether or not you have underlying heart disease or possibly to assess your prognosis after you have had a procedure done such as an Angioplasty, or Bypass surgery.

There are certain risks that are entailed. The risks in this particular test have been kept to a minimum and it has been determined by a physician that you are safe to undergo this procedure. There are risks of abnormal heart rhythm (arrhythmia), non fatal heart attack, and rarely death. The risk is approximately 1 in 10,000 of death occurring during the procedure. There is approximately a 3 in 10,000 chance of non fatal heart attack occurring. This means that of 10,000 patients who undergo this procedure, approximately 9,995 will have no complications. The physician who is supervising this test has had extensive training in this test and in resuscitation procedures. There is availability of resuscitation equipment and medications in this office.

Should you have any questions or concerns please discuss these with the physician prior to the test.

I have read and understand the above statements and agree to undergo stress testing as explained to me. I agree to release X-Ray associates from any liability issues that may ensue during the test.

Patient's signature

Date

Signature of witness

Date