



102A Fox Glen Court
Barrington, IL 60010

Phone: 224-848-4353

Fax: 224-848-4367

Dr. Abas A. Amiry, M.D., FACC, FSCAI

Amiry Cardiology Consultant MDSC

CONSENT FOR TREADMILL EXERCISE TEST

I authorize and consent for A. Amiry, M.D. to perform a procedure known as a stress test or stress echocardiogram. I have been informed to my satisfaction that this test is being performed to assist in determining the cause of my cause of my discomfort, the state of my heart and circulation and to assist my doctor in forming an appropriate plan for treatment and my activity level.

The test, which I will undergo, will be performed on a treadmill with the amount of effort increasing gradually. This increase in effort will continue until symptoms such as fatigue, shortness of breath or chest discomfort may appear which would indicate me to stop.

During the performance of the test my blood pressure, pulse and electrocardiogram will be monitored. I recognize that during the test the possibility if certain changes exist. They include abnormal blood pressure, fainting, disorders of heart beat (increase heart beat, decrease heart beat or ineffective) and very rare instances of a heart or stroke.

Every effort will be made to minimize them by the preliminary examination and by observation during the test. Emergency equipment is available to deal with unusual situations which may arise.

I therefore authorize the doctor to treat my unforeseen condition which may arise. I know that I may terminate the procedure at any time for any reason.

The information which is obtained will be treated as privileged and confidential and will not be released or revealed to any person without my written consent. I have read the foregoing and I understand it. In addition, any questions have been answered to my satisfaction.

PATIENT _____ DATE ____ / ____ / ____

WITNESS _____ DATE ____ / ____ / ____

Revised 05/2010