Texas Health
Heart & Vascular Specialists

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- ☐ R. Dale Anderson, MD, FACC
- ☐ David D. Corley, MD, FACC
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- ☐ Sreenivas Gudimetla, MD, FACC
- ☐ Joseph M. Ortenberg, MD, FACC
- ☐ Theodore S. Takata, MD, FACC
- ☐ Gurpreet Baweja, MD, FASE
- ☐ Justin L. Martin, MD, FACC
- ☐ Timothy B. Hadden, MD, FACC
- ☐ Brendan W. Reagan, MD, FACC
- ☐ Nina Saksena Asrani, MD, FACC
- ☐ Brandie D. Williams, MD, FACC
- ☐ Carl J. Horton, MD, FACC
- ☐ Nathan J. Lo, MD
- ☐ Tyler L. Bloomer, MD, FACC
- ☐ Nitin Kulkarni, MD
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- ☐ Hannah Ausloos, PA-C
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- ☐ Dale Arocha, PA-C
- ☐ Robbin Quillin, RN, MSN, AGACNP

NUCLEAR CARDIOLOGY DEPARTMENT
INFORMED CONSENT LEXISCAN PET PROCEDURE

I hereby consent to voluntarily engage in a test to determine the response of my heart's blood flow to medication. The information thus obtained will assist my physician in understanding and advising me in the management of any heart problems.

For the pharmacological stress test, I will be given a medication called Lexiscan intravenously (IV) which will increase the blood flow to my heart.

During the infusion of Lexiscan, I will receive an injection of Rb-82, a radioactive isotope which is used to image my heart under a PET camera. The purpose of this test is to identify any arteries with blockage or areas of the heart that have been damaged by myocardial infarction.

I understand that some patients may experience side effects from the pharmacological stress agent, Lexiscan. These side effects include, but are not limited to: dyspnea, headache, flushing, chest discomfort, dizziness, angina pectoris, chest pain and nausea. I will inform medical staff if such side effects occur.

I understand that the risks of the test are known to be low. However, any test that produces stress to my heart, even under carefully observed conditions, may result in hazards to my health such as abnormal blood pressure, fainting, too rapid or too slow a heartbeat, and rarely even heart attack. Every effort will be made to perform this test with maximum safety. During the test my electrocardiogram (EKG) will be monitored as well as my blood pressure and heart rate. Emergency equipment and personnel are available to deal with emergency situations should they arise.

I have carefully read and understand the above statements. Any questions which may have occurred to me have been answered to my satisfaction. I voluntarily give my informed consent.

Patient Signature	Patient Printed Name	Date	Time
Witness Signature (staff member)	Witness Printed Name	Date	Time

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