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| <input type="checkbox"/> Theodore S. Takata, MD, FACC | <input type="checkbox"/> Nathan J. Lo, MD | |

TREADMILL EXERCISE STUDY CONSENT FORM

Your physician has advised you to undergo a treadmill exercise test. With the use of Bruce Protocol, the study requires you to walk on a treadmill with a standard increase of the speed and elevation. During the stress test the following items will be carefully monitored by the attending technologist: heart rate, blood pressure, electrocardiogram and physical stamina. A termination of the exam will be done if you experience adverse symptoms of progressive chest pain, severe breathlessness, light headedness, develop an abnormal electrocardiogram or achieve a predetermined target heart rate.

Although medical complications may occur during the study, they are rare. The risk of a fatal event is approximately 1 in 10,000 tests. I understand the nature of this test and accept the risk of complication. Therefore I authorize Dr. _____ and his assistants to perform the study and interpret the results.

Patient/Legal Guardian Printed Name

Patient/Legal Guardian Signature

Date