



WILSHIRE CARDIOLOGY GROUP

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INFORMED CONSENT FOR EXERCISE TESTING

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PURPOSE: To plan treatment for patients with heart disease.

PROCEDURE: Exercise testing will be performed on a treadmill or persantine infusion. The treadmill test will be terminated until the appearance of one of the following:

- 1) Chest pain or dyspnea.
- 2) Significant change in heart rhythm or blood pressure.
- 3) Desired heart rate.

RISKS: Low blood pressure, fainting, irregularities of heart rate, and in rare instances, heart attack. The complications have resulted in hospitalization in approximately 2.5 patients per 10,000 tests and in the death of about one per 10,000 tests.

MANAGEMENT AND COMPLICATIONS: Emergency equipment and trained persons will be available to deal with any complications arising from exercise tests.

INFORMED CONSENT: I have read and I understand the above statements and agree to undergo exercise testing as explained to me. Any questions which may have occurred to me have been answered to my satisfaction.

SIGNATURE OF PATIENT: _____

SIGNATURE OF WITNESS: _____

SIGNATURE OF PHYSICIAN: _____

DATE: _____

NAME IN PRINT _____

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