

## Alliance Medical Associates, PLLC-Nuclear

2905 Crouse Lane

Burlington, NC 27215

Phone: (336) 538-2494 Fax: (336) 538-2497

<b>**Nuclear Stress Test Patient Liability Form**</b>
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Appointment Date: \_\_\_\_\_

Your doctor has deemed it necessary for you to have a Nuclear Stress Test. In order for us, Alliance Medical Associates, PLLC-Nuclear, to perform the test we have to purchase 2 (two) injectable doses for administration of the Nuclear Isotope. These doses have to be purchased at least 24 hours prior to the day of your scheduled appointment. Therefore, if, for any reason, you are not able to make your scheduled appointment it is your responsibility to notify Alliance Medical Associates, PLLC-Nuclear, which can be reached at (336) 538-2494. This notification has to be given at least 24 hours in advance of your scheduled appointment. If you do not notify Alliance Medical Associates, PLLC-Nuclear with the required 24 hour notice it will then be your responsibility to pay for the 2 (two) dose of the Nuclear Isotope that was specifically ordered for you. The cost for these doses will be approximately \$305.00. Your insurance will not pay for these doses unless you show up for the test.

**I have read and understand the above paragraph and agree to pay for the 2 (two) doses if I do not give the required 24 hour cancellation notice.**

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

**\*Nuclear Stress Test Patient Preparation / Instructions\***

You have been scheduled for a Nuclear Stress Test. The test will be performed by Alliance Medical Associates, PLLC-Nuclear staff members and will be located at:

2961 Crouse Lane  
Burlington, NC 27215  
(Fourth building down, on the left)

Please follow these instructions to ensure a high quality Nuclear Stress Test. If you have any questions you may contact our office at (336) 538-2494.

- 1.) **Expect to be in the office between 4 (four) to 5 (five) hours. Please be prepared.**
- 2.) Do not eat or drink after midnight. (*With the exception of water*)
- 3.) No caffeine or tobacco products 24 hours prior to the test.
- 4.) Please check with our office regarding which medicines you should or should not take. Some medications can influence test results
- 5.) Please shower or bathe the day of the test. Do **NOT** apply lotion or powder to your chest area.
- 6.) Wear loose fitting, comfortable pants or shorts, a shirt that can be unbuttoned or easily pulled up, and comfortable sneakers or walking shoes. (*No metal on shirt*)
- 7.) If you are diabetic, please contact our office for instructions regarding diet and medications prior to the day of the test.
- 8.) Bring all insurance cards with you.

## \*Nuclear Stress Test - Patient Information\*

Dear Patient,

**To complete this test you will be at Alliance Medical Associates, PLLC-Nuclear approximately 4 (four) to 5 (five) hours.** The total test time varies with patient load; however, you should clear your schedule for the entire morning and plan on spending it with us. You should bring a **SNACK** and **DRINK**, especially if you are diabetic, to enjoy after the stress portion of your test. You may drink all the water you want before the test. This will not interfere with anything.

The testing being performed will yield a series of images taken of your heart before and after the stress portion, by means of an intravenous (IV) injection with a radionuclide called Myoview/Sestambi. It is not a dye. It is a very low dose of radiation, similar to an x-ray.

When you arrive at Alliance Medical Associates, PLLC, sign in at the front desk and someone will be with you in a few minutes. We will complete a brief history, insert an IV and you will be given the first injection of radionuclide previously mentioned. Approximately 45-60 minutes after the injection, the resting images of your heart will be obtained. The imaging process will take about 20 minutes. Your chest will then be prepped and electrodes applied in preparation for the stress portion of the test.

For the second portion of the test, you will undergo a stress test.

- **For those patients who are unable to walk on a treadmill:**

A medicine will be administered. If you will be receiving the medicine, its effect will be explained to you at that time. Most side effects are mild and short-lived. A medicine stress test will take 4(four) minutes to complete.

- **For those patients who are capable of walking on a treadmill:**

The exercise time is highly variable depending on age and physical condition. Some patients may walk 2(two) to 3(three) minutes. Some patients may walk 10(ten) minutes or longer.

During the entire stress portion of the test (medicine and/or exercise), a physician is in the facility. At the end of the stress test, the second injection of the radionuclide is given. There will be another waiting period during which you may have your snack. Then the stress images will be obtained. The images will take another 20 minutes.

This completes the entire test and you will be free to leave. The test results will be given to you by Dr. Shaukat Khan at your following appointment.

**If it is necessary for a family member to accompany you, you may only bring 1(one) person, they will be asked to remain in the lobby until your test is complete.**

**No persons under 12 years of age will be permitted!**

**You will not be receiving any medicines that will interfere with your ability to drive.**

<b>*Consent for Nuclear Stress Test*</b>
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In order to determine an appropriate plan of medical agreement, I hereby consent to engage voluntarily in a stress test to determine the state of my heart and circulation. The information that is obtained will aid my physician in evaluation of my heart and circulation, determining an appropriate plan of medical management, and/or advising me as to the activities in which I may engage.

I understand that the test will be performed on a treadmill with the amount of effort required increasing gradually, or I may receive an injection of a medicine to induce stress on the heart. During the performance of this test my electrocardiogram, blood pressure, breathing, and general well being will be monitored continuously.

I have been advised and informed that this test may cause certain symptoms such as, but not limited to, abnormal blood pressure, nausea, fainting, headache, flushing, dizziness, hand tingling, disorders of heartbeat (i.e. too rapid, too slow), and, in very rare circumstances, heart attack. The risk of serious complications is low. Appropriate equipment and trained personnel are available to deal with unusual situations which may arise.

I understand that this test involves obtaining images by nuclear imaging (Nuclear Stress Imaging). Nuclear imaging involves receiving 2(two) injections of a radioactive tracer.

I understand that certain drugs may be used in case of an emergency and these drugs will be explained to me if they are required.

I acknowledge that no guarantee or assurance expressed or implied has been given to me by anyone as to the results of the test or any aspects of this test.

The information obtained will be treated as privileged and confidential, and will not be related or revealed to any person, except my personal physician, without my expressed written consent. The information obtained, however, may be used for statistical or a scientific purpose with my right of privacy retained.

My doctor(s) have offered to answer any questions I may have concerning the procedure, and have explained that I may contact the office at (336) 538-2494 for answers to questions about the test.

**I have read the above information, I understand the meaning of this information, and I hereby consent to participate in the test.**

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 Patient Signature

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 Date