



Cardiovascular Research Associates, P. A.  
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## Stress Test Consent

I hereby authorize Dr. Paul Dlabal to perform the following exam: **Exercise Stress Test**. The purpose of this study is to furnish Dr. Dlabal with information about your heart function at rest and during exercise and will show the amount of blood circulation within your heart. This may be useful in the management of your condition and will serve as a baseline for future evaluation.

When the stress exam begins, you will be asked to exercise. The amount of effort required will increase every three minutes until the limits of fatigue, chest pain, and/or other symptoms are such that the procedure is stopped. Your electrocardiogram and blood pressure will be monitored during the study, and a physician/ physician's assistant will be in attendance. As with any medical procedure, the test entails certain risks. These include but are not limited to:

- cardiac rhythm/rate
- changes in blood pressure
- fainting
- an allergic reaction
- a chance of a heart attack, potentially resulting in sudden death.

Every effort will be made to minimize the possibility of such complications by the preliminary examination before the test and by observations and careful monitoring during the test. Dr. Dlabal has emergency equipment and trained personnel available to deal with unusual situations.

**Consent:** I understand the nature of this study and have had the opportunity to ask questions regarding the procedure. I voluntarily grant informed consent for this procedure.

Signature: \_\_\_\_\_  
(Patient or Responsible Party)

Witness: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_