

**Progressive Medical Clinic, LLP**  
11920 Astoria Blvd., Suite 300  
Houston, TX 77089  
(281) 481-8878

**Treadmill Exercise Isotope Study**

This is a specialized test for diagnosing heart abnormalities. An IV will be started in your arm to allow injection of medicine. A radioactive isotope will be injected through the IV and pictures will be taken of your resting heart.

For the next portion of the study, a technician will attach electrodes to your chest. They will be connected to an EKG machine, which monitors heart rate and rhythm. You will be asked to jog on a treadmill until your heart rate reaches a maximum of 85%. Once your heart rate has increased, more isotopes will be injected through the IV. Pictures will be taken a second time of your heart.

**PREPARATION PRIOR TO PROCEDURE:**

- Please *shower* and *bathe* the day of the test. **DO NOT** apply *lotion* or *powder* to your chest.
- Wear loose fitting slacks or shorts, a skirt or blouse with buttons in front, sneakers (tennis shoes) or walking shoes. **NO METAL UNDERWIRE BRAS & NO METAL SNAPS.**
- Please **DO NOT** eat for four (4) hours or smoke at least twelve (12) hours prior to the test. **DO NOT** *drink regular coffee/tea* or *caffeinated beverages* for twenty four (24) – forty eight (48) hours prior to the test.
- The doctor or office **will or may ask you to discontinue certain medications** for twenty four (24) – forty eight (48) hours prior to the test.
- *Viagra, Levitra and Cialis* **should not be** used twenty four (24) hours prior to the test.
- You should bring a light snack (sandwich, fruit, juice beverage). You will have an opportunity to eat at some point during the test when instructed by the technician.
- **NOTIFY US IF YOU ARE PREGNANT.**

***DURATION OF TEST IS 4-6 HOURS. PLEASE PLAN ACCORDINGLY.***

**IF YOU HAVE ANY QUESTIONS, PLEASE CALL OUR OFFICE AT (281) 481-8878**

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YOUR APPOINTMENT IS SCHEDULED FOR \_\_\_\_\_

**WE REQUIRE 24 HOURS NOTICE IF YOU NEED TO CANCEL OR RESCHEDULE YOUR TEST. IF YOU DO NOT GIVE US 24 HOURS NOTICE YOU WILL BE CHARGED FOR THE ISOTOPE THAT WAS ESPECIALLY ORDERED FOR YOUR TEST. INITIAL \_\_\_\_\_**

PATIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\*\*\*\*\***PLEASE NOTE**\*\*\*\*\*

**MUST CONFIRM**  
**BEFORE 2 P.M.**  
**DAY BEFORE TEST**

**STOP CAFFEINE**  
**24 HRS PRIOR TO TEST**

**HOLD MEDS**  
\_\_\_\_\_

# PROGRESSIVE MEDICAL CLINIC, LLP

## INFORMED CONSENT FOR TREADMILL EXERCISE TESTING

In order to determine an appropriate plan of medical management, I hereby consent to voluntarily engage in an exercise test to determine the state of my heart and circulation. The information thus obtained will help my physician in advising me as to the activities in which I may engage.

If not done prior to test day, I will have an interview with a physician. I will also be examined by a physician to determine if I have any condition which would indicate that I should not engage in this test.

The test, which I will undergo, will be performed on a treadmill with the amount of effort increasing gradually. This increase in effort will continue until symptoms such as fatigue, shortness of breath, or chest discomfort may appear, which indicate to me to stop.

During the performance of the test, a physician or his trained observer will keep under surveillance my pulse, blood pressure and electrocardiogram.

There exists the possibility of certain changes occurring during the tests. They may include abnormal blood pressure, fainting, disorders of heartbeat (too rapid, too slow or ineffective) and very rare instance of heart attack. Every effort will be made to minimize them by the preliminary examination and by observations during testing. Emergency equipment and trained personnel are available to deal with unusual situations, which may arise.

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

I have read the foregoing and I understand it and any questions, which may have occurred to me, have been answered to my satisfaction.

Print: \_\_\_\_\_

Sign: \_\_\_\_\_

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

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

# DO NOT TAKE MEDICATION LIST

## **Do not take any of the following *medications* 48 hours prior to your study:**

Aerolate (all forms)	Marax	Theochron
Aggrenox	Norgesic	Theoclear LA
Aminophylline	Norgesic Forte	Theo-Dur (all forms)
Asbron G (tabs, elixir)	Pentoxyfylline	Theo-Dur Sprinkle
Brankodyl	Persantine	Theolair
Caffergot (contains caffeine)	Primatene Tablets	Theo-Organidin
Cialis	Quadrinal	Theophylline
Choledyl (all forms)	Quibran-SR	Theospan SR
Constant-T	Respbid	Theo. Sav.
Dilor (all forms)	Slo-bid	Theo Vent
Dipyridamole	Somophyllin	TheoX
Elixophyllin	Sustaire	Trental
Fioricet(contains caffeine)	T-phyl	Respibid
Fiorinal (contains caffeine)	Tedral SA	Uniphyl
Levitra	Theo-24	Viagra
Lufyllin	Theo bid Duracap & Jr.	Xanthine

## **Do not take any of the following *medications* 24 hours prior to your study:**

Anacin	Excedrin	Norgesic Forte
Aminophylline	Fioricet	Pain medication
Cafergot	Fiorinol	Persantine
Darvon Compound	No Doz	Synalgos
Dipridamole	No Inhalers	Wigraine
Esgic	Norgesic	

## **Do not take any of the following *medications* 12 hours prior to your study:**

<b>* <u>Calcium Channel Blocker:</u></b>	<b>*<u>No Beta-Blocker:</u></b>	Corgard
Diltiazem	Atenolol (Tenormin)	Inderal
Tiazac	Beta Pacem (Steolol)	Inderal LA (Propranolol)
Verapamil	Betoptie (Bexaxolol)	Levatol
	Blocadren (Timolol)	Lopressor (Metoprolol)
<b>* <u>Digoxin</u></b>	Breviloc	Normadyne (Labetolol)
	Cartrol	Ziac (Bisoprolol)
	Coreg (Carvedilol)	Zebeta

## **Do not take any of the following *diabetic medications* on the day of the test:**

Amaryl	Glucophage	Glyburide
Actos	Glucotrol	Metformin
Insulin	Glucovance	Starlix

## **FOOD AND DRINKS**

**\*\*\* Discontinue 24 Hours Prior to Exam \*\*\***

**\*\*\* NO CAFFEINE \*\*\***

Coffee	Decaffeinated Coffee	Tea
Hot Chocolate/Any Chocolate	Colas	“Caffeine Free” Colas
Dr. Pepper	Mr. Pibb	Mountain Dew

**DO NOT smoke or use any tobacco products after midnight the night before the test!!!**

**BRING ALL OF YOUR MEDICATION BOTTLES  
TO YOUR APPOINTMENT!!!!!!**