



# Lake Country Medical Concierge

(706) 817-9464 - 119 Harmony Crossing STE 3, Eatonton, GA 31024

## TREADMILL STRESS TEST AUTHORIZATION FORM

PHYSICIAN PERFORMING TEST:

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

PATIENT NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

I AUTHORIZE LAKE COUNTRY MEDICAL CONCIERGE TO PERFORM A TREADMILL STRESS TEST. THE NATURE OF THE TEST HAS BEEN EXPLAINED TO ME AND I AM AWARE THAT THERE IS A SMALL RISK THAT I MAY DEVELOP A DISTURBANCE IN HEART RHYTHM, A DROP IN BLOOD PRESSURE OR CHEST PAIN. THERE IS A VERY REMOTE RISK THAT I MAY SUSTAIN A HEART ATTACK.

THE TEST WILL BE CONTINUOUSLY MONITORED BY A PHYSICIAN WHO SHALL DETERMINE WHEN THE TEST WILL BE TERMINATED. HE IS AUTHORIZED TO UNDERTAKE ANY EMERGENCY MEASURES THAT IN HIS JUDGEMENT ARE INDICATED. APPROPRIATE EQUIPMENT AND DRUGS FOR EMERGENCY USE WILL BE CONSTANTLY AVAILABLE.

PATIENT: \_\_\_\_\_

WITNESS: \_\_\_\_\_