



INTERNAL MEDICINE OF ARIZONA  
3333 E CAMELBACK ROAD  
STE 122  
PHOENIX, ARIZONA 85018  
PH: 602.522.1900 | FAX: 602.381.3281

## TREADMILL STRESS TEST AUTHORIZATION FORM

PHYSICIAN PERFORMING TEST:

- WAYNE KUHL, MD       JEFFREY NEBELSIECK, MD       GREGORY JOHNS, MD  
 TAMARA LIEBERMAN, MD       LAURA O'MALLEY, MD

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

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

I AUTHORIZE INTERNAL MEDICINE OF ARIZONA 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: \_\_\_\_\_