

**SOUTH DENVER CARDIOLOGY ASSOCIATES, P.C.
CONSENT AND DISCLOSURE FOR SCREENING PROCEDURE**

I understand that the calcium heart scan is a screening procedure and should not be used as an alternative to testing recommended by a physician. I understand that abnormalities may be identified on the scan necessitating additional testing and or diagnostic procedures for which I will be financially responsible. If self-referred, I understand that I am responsible for any follow-up care necessary.

I have been advised that the calcium heart scan is a procedure utilizing x-ray and that I will receive minimal radiation exposure. The radiation exposure resulting from the calcium heart score scan is approximately the normal background radiation exposure one would receive in a year. The risks of such radiation exposure have been explained to me.

I further understand that if I am within childbearing age, the risk of radiation exposure is more critical. Please initial here if you are within childbearing age and understand the risk involved. _____

INITIAL

A negative result on the calcium heart score does not guarantee the absence of coronary artery disease.

By signing below, I affirm that I have read the above, and consent to the calcium heart score procedure performed by South Denver Cardiology Associates, P.C.

Patient Name (please print)

Date

Signature

FOR WOMEN OF CHILDBEARING AGE

By signing below, I certify that I am not pregnant at the time of this calcium heart score scan.

Signature

Date