



## **CONSENT FOR ROUTINE ECHOCARDIOGRAPH**

The echocardiograph (echo) is a safe, noninvasive test that uses ultrasound (sound waves) to evaluate the heart chambers, heart valves, heart muscle function, and blood flow through the heart.

### **PROCEDURE**

You will be asked to lie down on your left side on an exam table to enhance viewing of the heart. Electrodes will be placed on your chest to monitor your heart rate and rhythm during the test. An instrument called a transducer is placed on the the left side of your chest and tilted at different areas with a translucent gel. The gel may be slightly cool and light pressure may be felt from the transducer. You may be asked to hold your breathe at times during the test so that clearer views of the heart can be obtained.

### **LENGTH OF TEST**

The test will take less than one hour

### **QUESTIONS**

If you need to cancel, reschedule, or have any questions about this exam, please call the office at 818-702-8800.

**A 24-HOUR NOTICE TO CANCEL YOUR TEST IS REQUIRED OR A  
\$100 CHARGE TO YOUR ACCOUNT IS REQUIRED.**

I certify that I have read all the foregoing consent and that I fully understand its content.

**Patient Name (Print):** \_\_\_\_\_ **Date:**

\_\_\_\_\_

**Patient's Signature:** \_\_\_\_\_

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