

(Office use)

## IMPORTANT SAFETY INFORMATION ABOUT LEXISCAN

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Your imaging procedure requires the administration of Lexiscan which helps the physician interpret your examination.

Lexiscan is administered through a small needle placed into a vein. During administration of Lexiscan, you may experience shortness of breath or other side effects as listed below.

Lexiscan is a prescription drug that increases blood flow through the arteries of the heart during a cardiac nuclear stress test. Lexiscan should not be given to patients who have certain abnormal heart rhythms unless they have a pacemaker.

The most common side effects that occurred in clinical trials of Lexiscan were shortness of breath, headache, flushing, chest discomfort or chest pain, dizziness, nausea, abdominal discomfort, a metallic taste in the mouth, and feeling hot. Most common side effects began soon after receiving Lexiscan and went away within 15 minutes except for headache which resolved in most patients within 30 minutes.

Lexiscan can rarely cause serious or fatal heart attacks, abnormal heart rhythms, cardiac arrest, or serious allergic reactions. Lexiscan should not be given to patients with signs or symptoms of acute blood loss to the heart because they may be at greater risk of serious reactions. Trained staff should be immediately available while you are receiving Lexiscan. Drugs such as Lexiscan may cause an increase or decrease in blood pressure especially in patients with certain heart and blood vessel disorders. Lexiscan can cause breathing difficulties. Before receiving Lexiscan, tell your doctor if you have respiratory diseases, such as COPD (Chronic Obstructive Pulmonary Disease) or asthma. Tell your doctor about all medications you use to manage these conditions.

Avoid consuming any caffeine-containing foods and beverages or medicines containing caffeine or theophylline in the 12 hours before your scheduled heart scan.

Ask your doctor if you should stop taking any medications you usually take before the day of the test.

I have read and understand the above information.

Signature: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ AM/PM (autopopulate)