

Dobutamine Stress Test Report

Patient Information

Name: _____

Date of Birth: _____

Medical Record Number: _____

Date of Test: _____

Referring Physician: _____

Clinical History

Reason for Dobutamine Stress Test:

Relevant Medical History

Pre-Test Instructions

Fasting Status: _____

Medication Instructions

Baseline Measurements

Resting Blood Pressure: _____

Resting Heart Rate: _____

Electrocardiogram (ECG) at Rest: _____

Procedure

Explanation to the Patient:

Intravenous Line Placement:

Dobutamine Infusion:

Continuous Monitoring:

Symptoms During the Test

Test Termination Criteria

Parameters for Test Termination:

Post-Test Monitoring

Monitoring Duration: _____

Post-Test Blood Pressure and Heart Rate: _____

Results

Dobutamine Stress Echocardiogram Findings: _____

ECG Changes During Stress: _____

Overall Test Interpretation:

Recommendations

Further Diagnostic Steps:

Follow-Up Appointment: Schedule follow-up in 2 weeks to discuss results and ongoing management.

Contraindications and Complications

Contraindications to Dobutamine Stress Test:

Complications During the Test:

Provider's Signature

Name: Dr. Michael Johnson

Credentials: _____

Date: _____