



To: Dr. _____ **From:** Paul Kammermeier, MS

BCSM Phone: 303 441-0539 **Date:** _____

Fax: 303-544-5710

Re: The patient named below has requested an exercise test at the Boulder Center for Sports Medicine. Due to age or risk factors for heart disease, our policy calls for use of a 12-lead EKG during this test. However, the 12-lead EKG may be waived if you, the patient's doctor, feel there is no need for it. If you agree, based on the paragraph below, would you please fill in this form and sign it? Of course, we would be happy to answer any questions you may have. Thank you very much!

All physiology testing performed at Boulder Center for Sports Medicine (BCSM) adheres to the standards set by the American College of Sports Medicine. In order for BCSM to waive the 12-lead EKG monitoring test and fee, the following form must be **completely** filled out by the patient's physician.

Patient Name: _____ **Date of Test at BCSM:** _____

Patient Date of Birth: _____

Physician Name: _____

Physician Office Phone Number: _____

Physician Office Address: _____

Physician Medical License Number: _____

By signing below, I understand that the patient named above will be performing a **maximal** exercise test at the Boulder Center for Sports Medicine. The patient has elected to have this test performed to evaluate athletic performance. It is not intended to evaluate or diagnose cardiovascular disease. I agree that I have sufficiently evaluated this patient for cardiovascular disease, and do not believe that there are any contraindications for this patient to perform a maximal exercise test, without EKG monitoring, and with no physician present.

Physician Signature

Date