**ULTRASOUND ISTRUCTIONS**

**Patient Name:** \_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_**DOB:** \_\_\_\_\_\_\_\_\_\_

01720

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**GASTRO**

**HEALTH**

**Appointment Date:** \_\_\_\_\_\_\_\_\_\_\_\_ **Time:** \_\_\_\_\_\_\_\_\_\_\_

**Ordering Physician:**

**Patient history/reason for exam/symptoms/clinical indications**(Please avoid “Rule out” or “Question of”)

**EXAMINATION:**

* **Abdominal-**Nothing to eat or drink for 8 hours prior to your exam. no smoking or chewing gum. If the exam is scheduled after 12:00PM, eat a light, NO FAT breakfast before 8:00AM.

\_\_\_\_ Complete \_\_\_\_ RUQ \_\_\_\_ LUQ \_\_\_\_ LLQ \_\_\_\_ RLQ

* **Aorta-**Nothing to eat or drink for 8 hours prior to your exam. no smoking or chewing gum.
* **Pelvic-**Drink 2-3 large glasses of water 45 mins to 1 hour prior to your exam. Do not empty your bladder after you drink the water. Limited \_\_\_\_\_\_\_\_\_Complete
* **Lower extremity venous-**Unilateral Bilateral
* **Renal-**No prep
* **Scrotal-**No prep
* **Thyroid-**No prep
* **Transrectal-**No prep
* **Transvaginal-**No prep