

GASTRO
HEALTH



45B Discovery Way, Acton MA01720
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MIDDLESEX
DIGESTIVE
& HEALTH
ENDOSCOPY CENTER



45A Discovery Way, Acton MA01720
Phone: 978-429-2000 • Fax: 978-264-1935

ULTRASOUND ISTRUCTIONS

Patient Name: _____ DOB: _____

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