



475 Franklin St., Suite 110, Framingham, MA 01702

Patient Name: _____

DOB: _____

Appointment Date: _____

Time: _____

Ordering Physician: _____

Patient History/Reason for Exam/Symptoms/Clinical Indications

(Please avoid "rule out" or "question of")

ULTRASOUND 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 12:00 noon, eat a light, NO FAT breakfast before 8:00 a.m.
- Aorta – Nothing to eat or drink for 8 hours prior to your exam. No smoking or chewing gum.
- Lower extremity venous ___ Unilateral ___ Bilateral
- Pelvic – Drink 2-3 large glasses of water 45 minutes to 1 hour prior to your exam. Do not empty your bladder after you drink the water ___ Limited ___ Complete
- Renal – No prep
- Scrotal – No prep
- Thyroid – No prep
- Transrectal – No prep
- Transvaginal – No prep

A \$50 CANCELLATION FEE WILL BE BILLED DIRECTLY TO THE PATIENT FOR ANY APPOINTMENT NOT CANCELLED WITH A 48 HOUR NOTICE

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