

Abdominal Ultrasound Prep Instructions

Test Date and Time: _____ Follow up date and Time: _____

How to prepare:

- FAST for eight hours before an abdominal ultrasound.
- Food and liquids in your stomach (and urine in your bladder) can make it difficult for the technician to get a clear picture of the structures in your abdomen.
- It is ok to have a small amount of water and continue taking regularly prescribed medications

Before the procedure:

Before the abdominal ultrasound, you may be asked to change into a gown and to remove any jewelry. You'll be asked to lie on your back on an examination table. The Ultrasound Tech will provide detailed instructions at the time of the exam

During the procedure

A trained technician (sonographer) performs the abdominal ultrasound. The technician applies a small amount of warm gel to your abdomen. The gel works with the ultrasound device, called a transducer, to provide better images. The sonographer gently presses the transducer against your stomach area, moving it back and forth. The device sends signals to a computer, which creates images that show how blood flows through the structures in your abdomen. A typical ultrasound exam takes about 30 minutes to complete. It's usually painless.

After the procedure

You should be able to return to normal activities immediately after an abdominal ultrasound.

Risks

Abdominal ultrasound is a safe procedure that uses low-power sound waves. There are no known risks.

Results

After an abdominal ultrasound, your doctor will discuss the results with you at a later time.

Cancellation Fees:

As a courtesy to other patients who are waiting for appointments, we require that you provide us with notice of any cancellation of an appointment. Missed or cancelled appointments are subject to the following fees, which are not covered by your insurance:

Surgical Center or Hospital Procedure with less than 72 hours' notice..... \$75
In-office Procedure with less than 24 hours' notice \$50
Office visit with less than 24 hours' notice \$25

In addition, I understand that missed appointments or appointments cancelled without required notice may result in a fee charged by the applicable Surgical Center, Hospital, or other facility. I understand that there is a charge for returned checks for any reason (check with your office's staff for specific fees charged). Failure to remedy the returned check may result in legal action. Additionally, there may be a fee charged for completing forms (check with your office's staff for specific fee charged) and copying medical records in accordance with state laws.

Print Name: _____ DOB: _____

Patient Signature: _____ Date: _____

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