

Pelvic Ultrasound

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

Your doctor has requested an ultrasound of your pelvis. Ultrasound is a safe and painless procedure that uses sound waves to "see" inside your body.

Before Your Exam

- Drink 32 ounces (four glasses) of water one hour before your examination time.
- If you are also having an ultrasound abdomen, please do not eat or drink for 8 hours before your exam. Water and medications are okay.
- Please leave your jewelry and valuables at home.

During Your Exam

- Upon arrival, you will be asked to change into a gown.
- Once in the examination room, the diagnostic medical sonographer will explain your procedure and answer any questions you may have.
- You will be positioned on your back on the exam table.
- The technologist will apply warm gel to the skin of your lower abdomen.
- A transducer, a small device similar to a microphone, is placed over the area being examined.
- These moving images may be viewed immediately, recorded or photographed for further study.
- Your exam will take approximately 30 minutes.

After Your Exam

Your study will be reviewed by an imaging physician and the results sent to your doctor. Your doctor will discuss these results with you.

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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