

## **ABDOMINAL ULTRASOUND PREP INSTRUCTIONS**

**Test Date and Time:** \_\_\_\_\_

	Orange City Clinic	2884 Wellness Ave, Ste 100, Orange City, FL	386-668-2221
	Lake Mary Clinic	835 Currency Circle, Ste 1001, Lake Mary, FL	407-749-6656

**Follow-up date and Time:** \_\_\_\_\_

	Orange City Clinic	2884 Wellness Ave, Ste 100, Orange City, FL	386-668-2221
	Lake Mary Clinic	835 Currency Circle, Ste 1001, Lake Mary, FL	407-749-6656
	DeLand Clinic	929 N Spring Garden Ave, Ste 150, DeLand, FL	386-339-2692

### **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 remove any jewelry. You will be asked to lie on your back on an examination table. The ultrasound technician 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 an 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 and is 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 provider will discuss the results with you at a later time.

### **CANCELLATION FEES**

**I understand that missed or cancelled appointments are subject to the following fees:**

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.

Name _____	DOB _____	Signature _____	Date _____
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**Please call our office if you have any questions or concerns.**

**2884 Wellness Ave,  
Suite 100  
Orange City, FL 32763  
(386) 668-2221**

**929 N Spring Garden Ave,  
Suite 150  
DeLand, FL 32720  
(386) 339-2692**

**835 Currency Circle,  
Suite 1001  
Lake Mary, FL 32746  
(407) 749-6656**