

PELVIC ULTRASOUND

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	407-479-6656

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	407-479-6656
DeLand Clinic	929 N Spring Garden Ave, Ste 150, DeLand, FL	386-339-2692

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 abdominal ultrasound, please do not eat or drink for 8 hours before your exam. Water and medications are acceptable.
- 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.

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

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 327
(386) 339-2692**

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