



## **ABDOMINAL ULTRASOUND PREPARATION**

Upper Abdominal, Gallbladder, Liver, Pancreas, Spleen, Aorta,  
Renal and Renal Arteries

**YOUR PHYSICIAN HAS REFERRED YOU TO HAVE AN ULTRASOUND.  
PLEASE READ THIS PREPARATION SHEET FULLY BEFORE YOUR EXAM.**

1. Do not eat or drink anything after midnight the night before this appointment. If you eat, this exam **CANNOT** be done and must be rescheduled.
2. You may take your medications as directed.
3. Please come 5 minutes before your appointment for registration.
4. Your insurance may require for you to pay a co-payment. Please verify with your insurance beforehand.
5. If you are unable to keep your appointment, call us 24 hours in advance so we can reschedule.

Patient's Name:	
Appointment Date:	
Appointment Time:	