



VASCULAR ULTRASOUND PREPARATION

Carotid, Arterial/Venous Legs or Arms

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

1. No preparation is needed.
2. You may eat and drink before this test.
3. Please wear loose fitting shorts, if legs are being scanned.
4. You may take your medications as directed.
5. Please come 5 minutes before your appointment for registration.
6. Your insurance may require for you to pay a co-payment. Please verify with your insurance beforehand.
7. If you are unable to keep your appointment, call us 24 hours in advance so we can reschedule.

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| Patient's Name: | |
| Appointment Date: | |
| Appointment Time: | |