GASTRO HEALTH

475 Franklin Street, Suite 110
Framingham, MA 01702
T (508) 620-9200
F (508) 620-6483

Patient Name:_____DOB:_____

Appointment Date:_____Time:_____

Ordering Physician:_____

Patient History/Reason for Exam/Symptoms/Clinical Indications (Please avoid "rule out" or "question of")

ULTRASOUND EXAMINATION:

- ☐ Abdominal – Nothing to eat or drink for 8 hours prior to your exam. No smoking or chewing gum. If the exam is scheduled after 12:00 noon, eat a light, NO FAT breakfast before 8:00 a.m.
- ☐ Aorta – Nothing to eat or drink for 8 hours prior to your exam. No smoking or chewing gum.
- ☐ Lower extremity venous ___Unilateral ___Bilateral
- ☐ Pelvic – Drink 2-3 large glasses of water 45 minutes to 1 hour prior to your exam. Do not empty your bladder after you drink the water ___Limited ___Complete
- ☐ Renal – No prep
- ☐ Scrotal – No prep
- ☐ Thyroid – No prep
- ☐ Transrectal – No prep
- ☐ Transvaginal – No prep

A $50 CANCELLATION FEE WILL BE BILLED DIRECTLY TO THE PATIENT FOR ANY APPOINTMENT NOT CANCELLED WITH A 48 HOUR NOTICE