

South Charleston Cardiodiagnostics
Ultrasound/Vascular Studies
Order Form/Preps

Name: _____ Physician: _____

Date & Time of Exam _____

Indications _____

VASCULAR EXAMS

PREPS

Carotid Duplex **No Prep**

Arterial Duplex:

Lower Extremity R/L **No Prep**

Upper Extremity R/L **No Prep**

Venous Duplex:

Lower Extremity R/L **No Prep**

Upper Extremity R/L **No Prep**

Abdominal Vascular:

Renal Arteries **Nothing to eat or drink after midnight.**

Mesenteric Study **Low fat foods the evening before.**

Hepatic **Take a gas reduction pill 1 hour before exam**

GENERAL ULTRASOUND

Complete Abdomen **Nothing to eat or drink after midnight.**

Low fat foods the evening before.

Take a gas reduction pill 1 hour before exam

Limited Abdomen:

Gallbladder **Nothing to eat or drink after midnight.**

Aorta **Low fat foods the evening before.**

Liver/CBD **Take a gas reduction pill 1 hour before exam**

Pancreas

Spleen

Renal **No Prep**

Pelvic **Full urinary bladder. Drink 32 oz. of any**

Fetal **liquid, besides milk, and do not empty bladder.**

(No alcohol)

Thyroid **No prep**

Other _____

SHOULD YOU NEED TO CANCEL, PLEASE CALL 766-9617.