



**ULTRASOUND PREPARATION SHEET**

**Phone:** 850.863.8110

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**NAME** \_\_\_\_\_

**DATE OF EXAM** \_\_\_\_\_ **TIME OF EXAM** \_\_\_\_\_

**NOTE:** Even if prep states "nothing to eat or drink" patient should take oral medications as prescribed.

**GALLBLADDER/LIVER:** Nothing to eat or drink after midnight  
Fat free meal the evening prior to exam

**AORTA:** Nothing to eat or drink after midnight  
Fat free meal the evening prior to exam

**KIDNEYS:** Complete drinking 20 oz. water 1 hour before  
appointment time and hold.

**KIDNEYS W/DOPPLER:** Nothing to eat or drink after midnight  
Fat free meal the evening prior to exam

**\*PELVIC/T.V.:** Complete drinking 32 oz. water 1 hour before  
appointment time and hold.

**\*PREGNANCY COMPLETE:** Complete drinking 32 oz. water 1 hour  
before appointment time and hold.

**ABDOMEN AND RUQ:** Nothing to eat or drink after midnight  
Fat free meal the evening prior to exam

**\*At times, it may be medically necessary to perform an additional study, which may result in additional charges.**