

ULTRASOUND (SONOGRAM) INSTRUCTIONS

Read this today. You must **not eat or drink** before this test.

CANCEL POLICY: Need to cancel or change your visit? Call us at least **24 hours** before. If you do not show up, cancel late, or do not follow the no-eating (fasting) steps, you will pay a **\$50 fee**.

YOUR TEST SCHEDULE

DATE: ____/____/____ **ARRIVAL TIME:** ____ AM/PM

PLACE: **Unio Specialty Care** — 6271 Rosemead Blvd, Temple City, CA 91780 — 626-898-4560

WHAT IS AN ULTRASOUND?

- An ultrasound uses **sound waves** to take pictures of the inside of your belly.
- It does **not** hurt. It does **not** use needles or X-rays.

BEFORE YOUR TEST — DO NOT EAT OR DRINK

- **8 hours before** your appointment: **STOP eating and drinking.** (Morning appointment? Do not eat or drink after midnight.)
- **No food.** No coffee, juice, milk, soda, gum, or candy.
- Only **small sips of water** are OK — to take your medicines or if you are very thirsty.
- If you eat or drink, we cannot do the test. Your visit will be canceled and you will pay a **\$50 fee**.

YOUR MORNING MEDICINES: Take **ALL** your usual morning medicines — **including blood pressure medicines** — with a **small sip of water** before you leave home.

Diabetes: do NOT take diabetes pills until you eat after the test. Take **HALF (½)** your usual morning insulin. Bring juice or glucose tablets in case your sugar gets low.

WHAT TO WEAR

- Wear a **two-piece outfit** (a top and pants). We need to see your belly, from your chest bone down to your belly button.

WHAT WILL HAPPEN

- You will lie on your back.
- We put a **cool, sticky gel** on your belly. It wipes off.
- A small wand moves over your belly to take pictures.
- The test takes about **20–30 minutes**.
- For your comfort, the door will be left a little open.
- Want a **chaperone** (another staff member in the room)? Just ask us.
- A radiologist (a doctor who reads pictures) looks at your pictures. Your doctor will tell you the results.

Questions? Call us at **626-898-4560**.

ULTRASOUND (SONOGRAM) PATIENT CONSENT

ABOUT THIS TEST

- Your gastroenterologist has requested that we perform an ultrasound to obtain additional information.
- Ultrasound is a test that uses high-frequency sound waves to show what is inside your body.

BENEFITS AND ALTERNATIVES

- The benefit of this exam is to assist your doctor with making a diagnosis.
- There may be other imaging alternatives, however, your gastroenterologist believes that an ultrasound will be helpful in further evaluating your symptoms and medical condition.

WHAT TO EXPECT

- For this procedure, you will be asked to expose the area that needs to be imaged, which will stretch from your sternum to your naval.
- For your comfort, the door will be left ajar for the duration of the procedure.
- A water-based gel will be applied to your skin to act as a conductor. This gel may be sticky, but the test should not cause any pain or discomfort.
- A transducer, a hand-held device that sends and receives ultrasound signals, is moved over the exposed area of your body being imaged.
- Images are viewed in real time and seen on a television-like monitor. These images are recorded and sent to a radiologist to review and interpret.
- Depending on the type of exam, it can take anywhere from 20-30 minutes.

CHAPERONE

- Should you prefer a chaperone at any time during this procedure, please do not hesitate to inform one of our medical staff.

FEES

- If you arrive at your appointment without following the fasting instructions, your appointment will be canceled and you will be subject to the appointment cancellation fee stated below.
- **Office Visit Cancellation / No Show Fee: \$50.00**
- If you need to reschedule your appointment, you will be responsible for contacting your physician's office no later than **24 hours** prior to your appointment time.

I received and understand these instructions and the Cancellation/No Show policy (\$50 fee). I understand that I must cancel at least 24 hours before my appointment.

Patient name (please print): _____

X _____

Patient signature

Date: _____