



LAKE DISTRICT HOSPITAL
DIAGNOSTIC IMAGING

700 S. J Street
Lakeview, OR 97630
Ph: (541) 947-2114 ext. 233 Fax: (541) 947-5575

IV PYELOGRAM (KIDNEYS, URINARY TRACT)
PATIENT INSTRUCTIONS

PATIENT NAME: _____

REFERRING/ORDERING PROVIDER: _____

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INSTRUCTIONS:

On the day **BEFORE** your examination, please do the following:

1. Obtain 4 Dulcolax tablets from the local drug store.
2. All day before your examination, remain on a clear liquid diet (coffee, tea, fruit juice and clear soup – no milk products).
3. At 4:00 pm, the evening before the examination, take the 4 Dulcolax tablets. **Swallow the tablets whole, DO NOT crush or chew the tablets.**

On the day of the examination, please do the following:

1. Bathe before your appointment.
2. Do not eat or drink anything the morning/day prior to your examination.
3. Report to outpatient admitting 15 minutes prior to your appointment time. This study will take approximately 1 hour to complete.

If you are allergic to iodine, please notify your healthcare provider and/or the radiology technologist at the hospital prior to your examination.

If you have any questions or are unable to make your appointment, please call 541-947-2114 ext. 233.

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EXAM DATE

CHECK-IN TIME

APPOINTMENT TIME