



LAKE DISTRICT HOSPITAL
DIAGNOSTIC IMAGING

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

ABDOMINAL ULTRASOUND PATIENT INSTRUCTIONS

PATIENT NAME: _____

REFERRING/ORDERING PROVIDER: _____

PATIENT HISTORY/REASON FOR STUDY: _____

INSTRUCTIONS:

1. Bathe the morning of your exam.
2. **DO NOT** eat or drink (including water) after midnight the night before your examination.
3. If your examination is not until later in the morning or in the afternoon, **DO NOT** eat or drink (including water) 8 hours prior to your examination.
4. If you must take medication, you may take it with a little bit of water. Just enough to get the medicine down.
5. Please refrain from smoking and chewing gum the morning of your examination.
6. If you have a copy of your healthcare provider's order, please remember to bring it with you to your appointment.
7. This study will take approximately 45 minutes to complete.

ABOUT THE EXAM:

When you arrive, a technologist will use an ultrasound machine to obtain pictures of the structures of your abdomen.

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

EXAM DATE

CHECK-IN TIME

APPOINTMENT TIME