

Breast Ultrasound Prep

Name: _____ Appointment Date: _____

Check In Time: _____ Comments: _____

**Physician & Surgeon
University District**
1200 Hilyard St. Suite 330
Eugene, OR 97401




**Northwest Specialty Clinic
Breast & MRI Center**
3355 RiverBend Dr. #100
Springfield, OR 97477

If you have any questions regarding your exam, please feel free to call us:

General Scheduling: (541) 334-7555 ♦ **TF:** (888) 968-7608

Fax Orders: (541) 334-7564

Online: www.oregonimaging.com

| Prior to your appointment | On the day of your exam |
|---|---|
| <p>To ensure the most thorough examination, it is important to have all previous ultrasound studies available for comparison</p> <p> If you have had prior ultrasound at a facility other than Oregon Imaging Centers, please arrange to have your previous images sent.</p> | <p> Do not use deodorant, powder or body lotion as these items can compromise the quality of your exam.</p> <p> Wear a loose comfortable 2 piece outfit that is easy to remove.</p> |