

ULTRASOUND

| Name: | Appointment Date: | |
|---|---|--|
| Check In Time: | Comments: | |
| University District 1200 Hilyard St. Suite 33 Eugene, OR 97401 | RiverBend Center 3377 RiverBend Dr. #150 Springfield, OR 97477 | Breast & MRI Center 3355 RiverBend Dr. #100 Springfield, OR 97477 |
| | nography) uses sound waves to image internate a warm gel on your skin and move a probe (o | al body organs and structures. To acquire the or tansduscer) back and forth over the surface |
| If you have any questions reg | arding your exam, please feel free to call us | s: |
| General Scheduling: (541) 33 | 4-7555 ♦ TF: (888) 968-7608 | |
| Fax Orders: (541) 334-7564 | | |
| Online: www.oregonimaging.c | | |
| All Ultrasound Exams | Abdominal Exams ONLY | Combined Abdomen & Pelvic Exams |
| Wear comfortable loose fitting clothing that is easy to remove. | Nothing by mouth 8 hours prior to exam | Nothing by mouth 8 hours prior to exam |
| | No Food No Liquids No Gum or Hard Candy | No Food No Liquid No Gum or Hard Candy |
| | You may take all prescription medications with small sips of water. | You may take all prescription medication with small sips of water. |
| | Pelvic Exams ONLY | water. |
| | A full bladder is required for this exam | A full bladder is required for this exam |
| | 1 hour prior to your exam drink at least 32 oz of water. | 1 hours prior to your exam drink at least 32 oz of water. |
| | Do Not Empty Your Bladder | |
| | | Do Not Empty Your Bladder. |
| | Renal Exams ONLY Nothing by mouth 4 hours prior to | |
| | exam | |
| | No Food No Liquids No Gum or Hard Candy | |
| | You may take all prescription medications with small sips of water. | |
| | 1 hour prior to your exam drink 24 oz of water and DO NOT void | |