

**Name:** Patient Test  
**DOB:** 01/01/1962

**PID:** 6862727

## **Kidney Ultrasound**

**\*IF YOU NEED TO CANCEL FOR ANY REASON\***  
**\* PLEASE CALL 314-741-0911 \***

Your doctor has scheduled you for an **Kidney Ultrasound** on \_\_\_\_\_ at \_\_\_\_\_ am / pm.

- 3550 McKelvey Road, Bridgeton MO 63044**
- Christian Northeast 11155 Dunn Road, Ste 304E St. Louis MO 63136**
- Granite City 2120 Madison Ave. Ste 101 Granite City, IL 62040**

### **DURING THE PROCEDURE:**

You will lie down while ultrasound gel is placed on your abdomen, sides, and back and the technician will use a small hand held soundwave device to look at your arteries and organs. The entire test may take up to 1 hour to complete.

### **YOU MUST:**

Have nothing to eat six (6) hours prior to the exam. One (1) hour prior to the exam, consume two (2) to three (3) glasses of water.

Please remember to take your medications, as long as you don't need to eat with them.