

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

**PID:** 6862727

## **Renal Arterial Ultrasound**

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

Your doctor has scheduled you for an **Renal Arterial 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 or drink 6-8 hours prior to the exam.

You may take your morning medicines as usual with a small sip of water, unless they are required to be taken with food.