

**PATIENT INFORMATION****PATIENT PREPARATION FOR  
ULTRASOUND PROCEDURES** **CARDIAC ULTRASOUND/ECHOCARDIOGRAM:**

No prep needed. Please take all meds as scheduled.

 **CAROTID ULTRASOUND:**

No prep needed. Please take all meds as scheduled.

 **RENAL ULTRASOUND:**

Fast 8 hours before scheduled appointment and take 1 gas-ex tablet the night before.

Please take all meds as scheduled. No gum chewing prior to test (same day).

Early morning appointments preferred.

 **ABDOMINAL AORTA ULTRASOUND**

Fast 8 hours before scheduled appointment and take 1 gas-ex tablet the night before.

Please take all meds as scheduled. Early morning appointments preferred.

 **LEG/EXTREMITY ULTRASOUND/ABI:**

No prep needed. Please take all meds as scheduled.

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Day \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_