

Digestive Health Specialists, PA - Ultrasound Office

Pt. Acct#: \_\_\_\_\_  
Pt. Name: \_\_\_\_\_

2025 Frontis Plaza Boulevard Suite 210

Winston Salem, NC 27103



Office Hours 8:30 am—4:30 pm

Scheduling: 336.768.6211

Fax: 336.768.6869

Patient Name: \_\_\_\_\_ Appt. Date: \_\_\_\_\_ Appt. Time: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Diagnosis/Symptoms: \_\_\_\_\_

- \_\_\_\_\_ Abdomen
- \_\_\_\_\_ Liver/ GB
- \_\_\_\_\_ RUQ
- \_\_\_\_\_ Liver Elastography
- \_\_\_\_\_ Aorta
- \_\_\_\_\_ Renal (includes kidneys and bladder)
- \_\_\_\_\_ Post Void Residual
- \_\_\_\_\_ Pelvis
- \_\_\_\_\_ Transvaginal
- \_\_\_\_\_ Testicular
- \_\_\_\_\_ Thyroid
- \_\_\_\_\_ Carotid Doppler
- \_\_\_\_\_ Abdominal Vascular (includes SMA, Celiac Axis and Aorta)
- \_\_\_\_\_ Renal Arteries
- \_\_\_\_\_ Arterial Doppler: Leg \_\_\_\_\_ Arm \_\_\_\_\_ Rt \_\_\_\_\_ Lt \_\_\_\_\_ Bil. \_\_\_\_\_
- \_\_\_\_\_ Venous Doppler: Leg \_\_\_\_\_ Arm \_\_\_\_\_ Rt \_\_\_\_\_ Lt \_\_\_\_\_ Bil. \_\_\_\_\_
- \_\_\_\_\_ Other

Follow These Instructions as Directed:

**Abdomen/RUQ/Liver-GB/Aorta/Abdominal Vascular/Renal Artery Ultrasound/Liver Elastography**

Nothing to eat or drink 8 hours prior to exam.  
Prescribed medications allowed with a small amount of water only.

**Pelvic Ultrasound:**

MUST HAVE FULL BLADDER  
Drink 32 ounces of water 1 hour prior to appointment time.  
DO NOT empty bladder until scan is complete.

**Abdomen and Pelvic Ultrasound (Combined):**

Nothing to eat 8 hours prior to exam.  
Prescribed medication allowed.  
Must have full bladder.  
Drink 32 ounces of water 1 hour prior to appointment time.  
DO NOT empty bladder until scan is complete.