

*TEST: _____
*DATE: _____
*TIME: _____
*SUITE: _____

PROFESSIONAL VILLAGE MEDICAL CENTER
13700 19 MILE ROAD
STERLING HEIGHTS, MI 48313
PHONE (586) 247-6020
FAX (586) 247-7048

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REPORT TO OUR OFFICE: SUITE A SUITE B

IMPORTANT! BE SURE TO VERIFY INSURANCE COVERAGE AND RESTRICTIONS BEFORE SCHEDULING!

PLEASE NOTIFY US OF ANY POSSIBILITY OF PREGNANCY PRIOR TO TESTING

1. **ABDOMEN/RENAL ULTRASOUND**: AVOID GASSY FOODS FOR 2 DAYS PRIOR TO EXAM. DO NOT EAT OR DRINK ANYTHING 8 HOURS PRIOR TO EXAM. YOU ARE ALLOWED WATER.
2. **CAROTID ULTRASOUND**: NO PREPARATION
3. **FEMALE PELVIC/BLADDER ULTRASOUND**: DRINK 32-48 OZ. OF ANY FLUIDS 1-2 HOURS PRIOR TO EXAM AND HOLD YOUR BLADDER. DO NOT URINATE! THIS EXAM HAS A TRANSVAGINAL COMPONENT (INTERNAL PROBE).
4. **KNEE ULTRASOUND**: NO PREPARATION
5. **MALE PELVIC/PROSTATE ULTRASOUND**: USE 1 FLEETS ENEMA 2 HOURS PRIOR TO THE EXAM. DRINK 32-48 OZ. OF FLUID 1 HOUR PRIOR TO EXAM AND HOLD YOUR BLADDER. DO NOT URINATE! THIS EXAM HAS A TRANSRECTAL COMPONENT (INTERNAL PROBE).
6. **PELVIC/BLADDER ULTRASOUND**: DRINK 32-48 OZ. OF ANY FLUIDS 1-2 HOURS PRIOR TO EXAM AND HOLD YOUR BLADDER. DO NOT URINATE!
7. **TESTICLE ULTRASOUND**: NO PREPARATION
8. **THYROID ULTRASOUND**: NO PREPARATION
9. **ECHOCARDIOGRAM**: NO PREPARATION
10. **DOPPLER STUDIES (ARTERIAL AND VENOUS)**: NO PREPARATION
11. **BONE DENSITY**: NO CALCIUM PILLS OR OSTEOPOROSIS MEDICATIONS THE DAY OF EXAM. NO INJECTABLE DYE OR BARIUM WITHIN 2 WEEKS PRIOR TO EXAM. TRY TO WEAR CLOTHING WITH NO BUTTONS/SNAPS/ZIPPERS, IF POSSIBLE.
12. **OXYGEN UPTAKE (BMR)**: MUST BE FASTING 4 HOURS PRIOR TO TEST. WATER AND MEDICATIONS ONLY! ALSO, NO PHYSICAL EXERCISE, PHYSICAL EXERTION, CAFFEINE, OR SMOKING 4 HOURS PRIOR TO TEST.

YOU WILL BE CHARGED FOR ANY MISSED APPOINTMENTS WITHOUT A CANCELLATION NOTICE OF AT LEAST 12 HOURS!!
PLEASE, CALL TO CONFIRM YOUR APPOINTMENT THE DAY BEFORE