



Viral Lathia, MD

## ECHO Instructions

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Patient Name

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Medical Record #

**Request:**

- Please DO NOT bring children under the age of 10 to the study
- Please arrive **10 minutes early** for your scheduled appointment. If you are more than 15 minutes late, you will be rescheduled

**Preparing for the study:**

<b>24 hours before</b>	<ul style="list-style-type: none"><li>• <b>DO NOT smoke</b></li><li>• <b>DO NOT</b> eat or drink anything that contains <b>caffeine</b> (coffee, tea, chocolate, sodas, energy drinks, some pain relievers, noncaffeinated, decaffeinated, and caffeine-free products)</li></ul>
<b>Morning of appointment</b>	<ul style="list-style-type: none"><li>• <b>DO NOT</b> use any creams, lotions, ointments, oils, or powders over your <b>chest</b> the day of the study</li><li>• Wear loose-fitting comfortable clothing: 2 piece and sneakers <b>NO</b> jumpsuits, overalls, or one-piece dresses</li><li>• Please bring a list of medications and/or actual bottles (including over the counter and herbal supplements). We need <b>complete</b> medication names &amp; dosages</li></ul>

- If you are unable to make it to your scheduled appointment, please call 682-499-1777 **at least 24 hours ahead to avoid a \$30 tech fee**
- If you have a double study and are unable to make it to your scheduled appointments, please call 682-499-1777 **at least 48 hours ahead to avoid a \$80 tech fee**
- Dr. Lathia will discuss the study results

## Ultrasound Imaging Waiver

You have been scheduled for an Ultrasound Imaging study. This procedure requires us to schedule a consulting Ultrasound Technologist who charges a fee per ultrasound. By signing this form, I understand that I am responsible for the technologist fee and agree to pay the applicable amount as mentioned above if I do not show up for my scheduled appointment(s) or give a notice to cancel or reschedule.

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X \_\_\_\_\_ X \_\_\_\_\_  
Date Patient Signature Witness Signature