

## **Arterial Duplex Instructions**

Patient Name	Medical Record #

## Request:

- Please DO NOT to 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:**

24 hours before	DO NOT smoke			
	<ul> <li>DO NOT eat or drink anything that contains caffeine (coffee, tea, chocolate, sodas, energy drinks, some pain relievers, noncaffeinated, decaffeinated, and caffeine-free products)</li> </ul>			
Morning of appointment	<ul> <li>DO NOT use any creams, lotions, ointments, oils, or powders over your legs or arms the day of the study</li> <li>Wear loose-fitting comfortable clothing: 2 piece and sneakers NO 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 complete 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 an \$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.

	X	<b>X</b>	
Date	Patient Signature		Witness Signature