



## **Renal Arterial Duplex Instructions**

### **Requests:**

- 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:**

<b>24 hours before</b>	<ul style="list-style-type: none"> <li>• <b>DO NOT smoke</b></li> </ul>
<b>6 hours before</b>	<ul style="list-style-type: none"> <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> <li>• <b>DO NOT eat, chew gum, or drink carbonated beverages</b></li> </ul>
<b>Morning of appointment</b>	<ul style="list-style-type: none"> <li>• <b>Keep a full</b> bladder before your appointment</li> <li>• <b>Drink lots of fluids</b> before your scheduled appointment</li> <li>• <b>DO NOT</b> use any creams, lotions, ointments, oils, or powders over your <b>back</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>• Feel free to bring a snack (in case you get hungry after the study)</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.

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