



Viral Lathia, MD

Venous Duplex & Reflux Studies Instructions

Patient Name

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:

24 hours before	<ul style="list-style-type: none">• DO NOT smoke• DO NOT eat or drink anything that contains caffeine (coffee, tea, chocolate, sodas, energy drinks, some pain relievers, noncaffeinated, decaffeinated, and caffeine-free products)• DO NOT wear compression stockings one day before and on the day of your study
Morning of appointment	<ul style="list-style-type: none">• DO NOT use any creams, lotions, ointments, oils, or powders over your legs the day of the study• Drink lots of fluids before your scheduled appointment• Wear loose-fitting comfortable clothing: 2 piece and sneakers NO jumpsuits, overalls, or one-piece dresses• Please bring a list of medications and/or actual bottles (including over the counter and herbal supplements). We need complete medication names & dosages.<ul style="list-style-type: none">◦ Sometimes blood pressure medications are combination meds which may include a diuretic. If you have any doubts or are unsure which medications you should take, bring everything with you and we can help you decide which meds to take.

- 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.

Date

X _____
Patient Signature

X _____
Witness Signature