

PATIENT PREP SHEET FOR ULTRASOUND STUDIES

Your ultrasound is scheduled at our office on

_____ at _____ AM / PM

*Please be on time for your appointment as a courtesy to those scheduled after you.

*If you cannot keep your appointment, please contact our office in a timely manner.

Obstetric Patients:

1. **Drink approximately 16 ounces of clear fluids 30 minutes before your scheduled ultrasound appointment.**
2. ***Please Do Not Use the Restroom. Please Note:*** There is no need to be so full that you are uncomfortable. **Do not overdo it** by drinking too much or holding it too long.
3. **If you plan to bring any small children with you, you must also bring along another adult to accompany them.** Keep in mind, a child under the age of 5 will lose interest very quickly.

GYN Patients:

1. **Drink 16 ounces of clear fluids 30 minutes before your scheduled ultrasound appointment.**
2. ***Please Do Not Use the Restroom.*** Your bladder needs to be full for the first part of the ultrasound which only takes approximately 10 minutes. The Ultrasound Technologist will allow you to use the restroom as quickly as possible. ***Please Note:*** There is no need for you to be so full that you are uncomfortable. **Do not overdo it** by drinking too much or holding it too long.

Please call our office at 314-432-8181 if you have any questions