

Luna Beck, M.D.

Board Certified Internal Medicine

Ultrasound Consent Form

Today's Date: _____

By signing this consent, I _____ (Patient Full Name)

Check All That Apply:

Echo Venous
 Carotid Abdominal or Retro
 Lower Arterial Pelvic

CONSENT: I hereby consent to schedule my ultrasound test on _____

Patient Signature _____

CANCELLATION POLICY: I understand that I must give a 48-hour notice of cancellation on the ultrasound appointment in order to avoid being charged \$ 50.00 per missed test.

Patient Signature _____

INSURANCE: I understand that if I DO NOT show the date of my appointment, my insurance will NOT cover the missed appointment.

Patient Signature _____

Date Signed _____

ULTRASOUND PREPARATION

Abdominal (Gallbladder, Liver, Spleen) or Retroperitoneal (Kidney, Pancreas, Aorta)

- AM appointment you should have nothing -by-mouth after midnight
- PM appointment you should have nothing-by-mouth 6 hours prior
- No dairy Products that day

Pelvic or Prostrate:

- It will be necessary to drink at least 32 ounces of water (no juice or milk) and you finish drinking at least 1 hour before exam
- Once you start drinking, you should not void

A FULL BLADDER IS A MUST !!!