



MISCELLANEOUS

BIOPSIES/THORACENTESIS/ASPIRATIONS/ PARACENTESIS/ABCESS DRAINAGE

Appointment Date/Time: _____

Instructions:

Please arrive 30 minutes prior to appointment time.

Allow up to 3 hours for this exam.

Blood work may be ordered prior to exam.

AT THE DISCRETION OF YOUR PHYSICIAN, STOP TAKING ASPIRIN PRODUCTS OR BLOOD THINNERS 3 DAYS PRIOR TO SCHEDULED EXAM.

BRING A LIST OF YOUR CURRENT MEDICATIONS, INCLUDING OVER THE COUNTER AND HERBALS.

YOU MAY POSSIBLY BE MONITORED AT THE HOSPITAL 1 TO 3 HOURS POST EXAM.

Please be sure you bring the prescription with you on the day of your exam or have your physician fax it to: 217-479-5875

If you have any questions regarding your test please call the Imaging Dept at 217-245-9541 ext 3371. If you have questions regarding your appointment time or need to reschedule, please call Central Scheduling at 217-479-5696.

The Central Scheduling Department hours are Monday – Friday 7am – 5:30pm.