



Ultrasound/Sonography

Questions the Central Scheduler May ask when scheduling an exam:

HAS THE PATIENT HAD A RECENT IMAGING EXAM TO THE AREA OF INTEREST? WAS IT DONE HERE? IF NOT, INSTRUCT PATIENT TO BRING FILMS WITH THEM THE DAY OF THEIR EXAM. HAVE OUTSIDE REPORT FAXED TO ATTN: SPECIFIC DEPT AT # 479-5621 BEFORE THE DAY OF EXAM.

HAS THE PATIENT HAD A RECENT MAMMOGRAM? WHEN & WHERE? IF NOT DONE AT PAH, THE MAMMO FILMS MUST BE HERE THE DAY OF THE EXAM. THE PATIENT MAY BRING WITH THEM TO EXAM, OR THEY MAY CALL THE FACILITY AND HAVE THEM MAILED TO THE IMAGING DEPARTMENT.

IS THIS EXAM TO BE PERFORMED ON THE PATIENT'S RIGHT OR LEFT SIDE?

IS THIS EXAM UPPER OR LOWER EXTREMITIES?

IS THIS PATIENT AN ISOLATION PATIENT?

IS THIS PATIENT FROM JDC OR PATHWAY? IF YES, WILL THE PATIENT BE GIVEN AN ORAL SEDATION FOR THIS EXAM?

PLEASE SPECIFY, IS EXAM ABI'S, COMPLETE, OR COMPLETE WITH TOES. IF DOING ABI'S AND ABNORMAL, DO YOU WANT COMPLETE DONE? IF SO PLEASE SPECIFY ON SCRIPT.

THE ORDERING PHYSICIAN NEEDS TO SUPPLY AN H & P FOR ALL ANESTHESIA PROVIDED SEDATION. THE H & P SHOULD BE SENT TO PRE-ADMISSION SCREENING, FAX NUMBER 479-5651.

WHAT INSURANCE DOES THE PATIENT HAVE AND DOES IT REQUIRE PRE-CERTIFICATION? IF YES, TYPE NUMBER HERE.



ABDOMEN ULTRASOUND

Appointment Date/Time: _____

Instructions:

Please arrive 15 minutes prior to appointment time.

Allow up to 1 hour for this exam.

**NOTHING TO EAT OR DRINK AFTER MIDNIGHT THE NIGHT BEFORE
THE EXAM**

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

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 ultrasound dept at 217-245-
9541 ext 3917. 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.



AORTA ULTRASOUND

Appointment Date/Time: _____

Instructions:

Please arrive 15 minutes prior to appointment time.

Allow up to 30 minutes for this exam.

NOTHING TO EAT OR DRINK AFTER MIDNIGHT THE NIGHT BEFORE YOUR EXAM

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

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 ultrasound dept at 217-245-9541 ext 3917. 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.



GALLBLADDER ULTRASOUND

Appointment Date/Time: _____

Instructions:

Please arrive 15 minutes prior to appointment time.

Allow up to 30 minutes for this exam.

NOTHING TO EAT OR DRINK AFTER MIDNIGHT THE NIGHT BEFORE YOUR EXAM

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

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 ultrasound dept at 217-245-9541 ext 3917. 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.



PANCREAS ULTRASOUND

Appointment Date/Time: _____

Instructions:

Please arrive 15 minutes prior to appointment time.

Allow up to 30 minutes for this exam.

NOTHING TO EAT OR DRINK AFTER MIDNIGHT THE NIGHT BEFORE THE EXAM

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

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 ultrasound dept at 217-245-9541 ext 3917. 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.



PELVIS /OB ULTRASOUND

Appointment Date/Time: _____

Instructions:

Please arrive 15 minutes prior to appointment time.

Allow up to 60 minutes for this exam.

YOU MUST HAVE A FULL BLADDER FOR THIS EXAM TO BE PERFORMED. YOU SHOULD DRINK 24 – 32 OUNCES OF WATER 1 HOUR PRIOR TO EXAM, AGAIN, DO NOT EMPTY YOUR BLADDER.

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

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 ultrasound dept at 217-245-9541 ext 3917. 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.



RENAL ULTRASOUND

Appointment Date/Time: _____

Instructions:

Please arrive 15 minutes prior to appointment time.

Allow up to 60 minutes for this exam.

NOTHING TO EAT AND ONLY WATER TO DRINK AFTER MIDNIGHT

THE BLADDER MUST BE FULL FOR THIS EXAM TO BE PERFORMED. DRINK 24 OUNCES OF WATER 30 MINUTES PRIOR TO EXAM AND DO NOT EMPTY BLADDER.

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

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 ultrasound dept at 217-245-9541 ext 3917. 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.



SPLEEN ULTRASOUND

Appointment Date/Time: _____

Instructions:

Please arrive 15 minutes prior to appointment time.

Allow up to 30 minutes for this exam.

NOTHING TO EAT OR DRINK AFTER MIDNIGHT THE NIGHT BEFORE THE EXAM.

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

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 ultrasound dept at 217-245-9541 ext 3917. 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.