



Abdominal/Renal Doppler

Patient Name:

Your doctor was scheduled you for a Abdominal/Renal Doppler on _____ at _____. This is a test to check for or monitor an aneurysm (dilation) of the aorta. It may also be ordered to check blood flow in other vessels in the abdomen. Ultrasound is used to image vessels.

Restrictions/Instructions:

NO FOOD, DRINKING, CHEWING GUM or SMOKING AFTER 10:00 PM THE NIGHT BEFORE YOUR TEST.

Medication may be taken with a small amount of water.

Approximate time test will take: One hour.

Locations: *If you have any questions or are unable to keep this appointment, please call our office.*

Lansing: Sparrow Professional Building, 1200 E. Michigan, Suite 580, Telephone 517-492-8449

Mt. Pleasant - 1205 S. Mission Street * Suite 4 - Telephone 989-773-2626