



Desert Gastroenterology Consultants

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Patient Name- _____

You have been scheduled to have an ultrasound of your:

- Gallbladder
- Abdomen
- Liver
- Pancreas
- Thyroid
- Kidney(s)
- Pelvic
- Other - _____

The preparation for this exam is THE FOLLOWING:

- Nothing by mouth after midnight

Appointment Date- _____

Appointment Time- _____

You are to come to our office, which is located at 35-900 Bob Hope Drive, Ste. 275, Rancho Mirage, Ca, 92270. If you have any questions, please contact the office at (760) 321-2500.