



Desert Gastroenterology Consultants

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Phone- (760) 321-2500 Fax- (760) 321-5720

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.