

Gary M. Annunziata, D.O., F.A.C.P. / Anh T. Duong, M.D.
Jonathan C. Lin, M.D. / Natalie Sloan, FNP-C
35-900 Bob Hope Drive Ste. 275 Rancho Mirage, CA. 92270
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 ONE OF THE FOLLOWING:

Nothing by mouth after midnight
Or

Consume 40 oz. of water **1 (one) hour prior to appointment** and hold. Do not urinate, if bladder is not full we will reschedule.

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.