



242 Green Street  
Gardner, MA 01440  
978-632-3420

**PATIENT INSTRUCTIONS FOR ABDOMINAL AORTA ULTRASOUND**

QUESTIONS ABOUT THE TEST: 978-630-6235  
PATIENT SCHEDULING: 978-630-5070

EXAM DATE AND TIME: \_\_\_\_\_

DURATION OF EXAM: 30 minutes

Radiology is located on the ground floor. We recommend that you park and enter the hospital by the South Entrance.

**Bring a medication list to your appointment.**

**Only the patient is allowed in the examination room. No children or guests are allowed in the examination room.**

INSTRUCTIONS:

**No eating, drinking, smoking or chewing gum for 6 hours before your appointment time.**

**You may take medications with 1 – 2 ounces of water**

To pre-register for your appointment, call Patient Scheduling at least 2 days before your scheduled appointment at 978-630-5070. Pre-registration will allow you to report directly to the Radiology Department the day of your appointment.

**Please arrive 15 minutes early for your appointment.**

Thank you, Ultrasound Department