

**PATIENT INSTRUCTIONS:
DUPLEX- ABDOMINAL AORTA, RENAL, LOWER EXTREMITY ARTERIAL**

Name: _____ DOB: _____

Test Date: _____ Arrival Time: _____

These instructions need to be followed in order to minimize the amount of air/gas in the stomach and intestines. This allows us to take the best possible images for your ultrasound exam.

- **Do not eat or drink anything 4 hours prior to your appointment.**
- **Medications may be taken with a few sips of water.**
- **No smoking 4 hours prior to your appointment.**

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