

Patient Instructions

Department of Radiology (217) 366-1285

		Ultrasound Procedure		
			□ Breast	□ Testes
			□ Kidney	□ Thyroid
Patient Name	:			
Date of Appoi	intment	Time of A	ppointment	_
You are schedul	ed for an ultrasound proced	dure. Please report to the	Patient Check-I	n Desk located at:
Christie on	University	☐ Chri	stie on Windsor	
101 W. Univ			W. Windsor	
Champaign,			mpaign, IL 6182	1
After checking is appointment time	n, please proceed to the Ra	diology Department. Plea	ase plan to arrive	5 minutes prior to your
	ole to keep your appointn ime by calling (217) 366-1		east 24 hours be	fore your scheduled
	procedure show? xamination defines the size	and shape of the organ a	and helps detect	abnormalities. The test is
	are for the procedure?			
What will happ	en during the procedure	?		
	ed to lie down on an exam toulses are converted electro			
After the test is	completed you may resume	e normal daily activities.		
	the procedure take? akes approximately 30 min	utes.		
How do I get r	esults of the procedure?			
	Your physician will contact results are received and re-		s soon as your te	est
	Please return for a follow-	up appointment with:		
	D			

If you have not received your results within two weeks following this procedure, please contact your physician's office.