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STOCKTON CA 95204
944-5530

APPOINTMENT FOR ABDOMINAL ULTRASOUND

PATIENT _____

APPOINTMENT FOR ABDOMINAL ULTRASOUND ON:

_____ AT _____

IN OUR OFFICE.

INSTRUCTIONS:

- NOTHING TO EAT OR DRINK THE NIGHT BEFORE YOUR APPOINTMENT
- ALLOW ½ HOUR FOR THE TEST

YOUR FOLLOW UP APPOINTMENT FOR YOUR RESULTS IS SCHEDULED FOR:

_____ AT _____

IF YOUR TEST IS ABNORMAL YOU WILL RECEIVE A CALL FOR A SOONER APPOINTMENT.

DR. MANSHADI'S OFFICE