

## VASCULAR STUDIES

DEAR \_\_\_\_\_

This is a letter to remind you of your scheduled appointment for:

(date) \_\_\_\_\_

(time) \_\_\_\_\_

**Please check in at:** MN Heart Clinic (Suite W300)

***Please complete the attached medication form and bring with you to your appointment.***

**Instructions for:**

***Carotid Duplex, ABI with and without Exercise, Upper Extremity Arterial Duplex, Upper Extremity Venous Duplex, Lower Extremity Venous Duplex***

1. Please arrive 15 minutes prior to your test.
2. Take all your medications as prescribed.

***This imaging test is billed as an outpatient hospital procedure. For Fairview pricing, please call 612-672-1048 or contact your insurance company for further information. You will be responsible for charges not covered by your insurance.***

If you have no insurance and are self-paying, please call 952-924-8440.  
If you have questions about your appointment, please call 952-836-3770.