

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.