

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:

Aorta Iliac Doppler, Aorta Iliac Doppler with Graft, Iliac Doppler Ultrasound Limited and Limited Aorta (Aneurysm) Study, Lower Extremity Arterial Duplex, Renal Artery duplex

1. Fast for 8 hours prior to your appointment.
2. Drink extra fluid for a couple days prior to your test (6-8 glasses a day).
3. Avoid gassy foods for a couple days prior to your test (beans, broccoli, dairy, etc.)
4. Please arrive 15 minutes prior to your test.
5. Take all your medications as prescribed.
6. If you are having a Lower Extremity Arterial study, please plan two (2) hours for the test.

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.