



ASSOCIATES
of Tallahassee, P.A.

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**TO AVOID RESCHEDULING,
BRING THIS FORM TO YOUR APPOINTMENT
(PLEASE DO NOT BRING UNATTENDED CHILDREN)**

Name _____ D.O.B. _____

Referring Physician _____

Appointment Date _____ Time _____

HISTORY _____

- Abdominal U/S – includes gallbladder, bile ducts, liver, pancreas, spleen, kidneys & aorta.
- Gallbladder U/S – includes gallbladder, bile ducts, porta hepatis & pancreatic head.
- Aorta U/S
- Single Organ U/S _____

**NOTHING
TO EAT
OR DRINK
AFTER
MIDNIGHT**

Renal U/S (Kidneys & Bladder)

**WELL
HYDRATED**

Thyroid U/S

NO

Testicular with Doppler U/S

PREPARATION

Lower Extremity Venous Study for DVT

Lower Extremity Arterial Exam

Lower Extremity Arterial with Exercise Exam

Lower Extremity Arterial Duplex Exam with ABI's

NO

Upper Extremity Venous Study

PREPARATION

Upper Extremity Arterial Exam for TOS

Upper Extremity Arterial Exam

Carotid Duplex Scan

While medical insurance is designed to help you meet the cost of medical services, the basic responsibility for payment is yours. Your insurance contract describes to what extent the company will reimburse you. There may or may not be a contract between your insurance company and our facility.

