

An Ultrasound examination has been arranged for you.

Ultrasound is high frequency sound wave, too high for human ear to hear. It can pass through the skin and tissues without being felt or heard.

Ultrasound examinations use these high frequency sound waves to produce images of tissues in the body. Ultrasound examinations can help doctors detect many diseases. Ultrasonography of the gallbladder may show stones. An image of the breast, thyroid, liver, kidney, or pancreas may show masses. Ultrasonography of major blood vessels can detect vessel disease or clots.

Ultrasound examination of pregnant mother can help doctor to assess the condition of the baby inside the womb. Under normal clinical practice ultrasound examination is painless and harmless to our body.

Preparation for the Exam

- Please arrive on time.
- If you need to reschedule or cancel your appointment, please inform us during service hours 1 working day before the examination.

Diet & Activities

- For Kidneys / Lower Abdomen / Urinary Bladder / Pelvis study
 - Drink 4 to 6 cups of water 2 hours before examination to ensure a full urinary bladder. Refrain from urination.
- For Upper Abdomen study
 - No food is to be taken 6 hours before examination. Water is allowed.

Attire

- Wear loose and comfortable clothing.
- We provide examination gowns for you, if necessary.

Medical History

- Please bring along related medical reports, including blood test, images, and reports, for reference.

Procedure

- We will obtain your medical history.
- You will be positioned lying face-up on an examination bed. The doctor will apply a thin layer of gel to the skin during examination. It takes about 15-20 minutes.
- You may leave after a scan.
- No diet or activity restriction after the examination.

Remarks

- If black rainstorm warning, typhoon signal No. 8 or higher, or extreme condition is in force, the examination will be postponed. We will contact you during office hours for arrangement.

Disclaimer

- This leaflet only provides basic information about the procedure and lists the common risks or complications. The mentioned risks or complications that may occur are not exhaustive and may vary with different patient's condition. For more information or individual enquiries, please contact your doctor.

I confirm that I have carefully reviewed and fully understand the contents of information sheet.

Signature of Patient : _____ **Date:** _____

Name & Signature of Parents / Guardian *: _____
(applicable for age under 18)





Date: _____

[Patient label]



ASSURE MEDICAL LIMITED

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