



Radiology Department

Patient Name: _____

Date: _____

Time: _____

ULTRASOUND Patient Information Sheet

1. Are you allergic to:

Betadine

Lidocaine (local anesthetic)

Latex

2. Are you currently taking any blood thinners? Yes No

If yes, please list: _____

Form completed by:

Patient (or guardian): _____

Relative (name & relationship): _____

Physician: _____

Signature: _____

Reviewed/Approved by: _____

Date: _____