

**Computed Imaging CT Scan  
Department of Radiology**

Patient name: \_\_\_\_\_

Your appointment is scheduled on:

\_\_\_\_\_ at \_\_\_\_\_ a.m./p.m.  
Date Time

**PLEASE DO NOT EAT** ANY SOLID FOODS FOR FOUR HOURS PRIOR TO YOUR EXAM.

**PLEASE DO NOT EAT** OR DRINK ANYTHING FOR TWO HOURS PRIOR TO YOUR EXAM.

IF YOU HAVE BEEN SCHEDULED FOR AN ABDOMINAL SCAN, YOU WILL BE GIVEN ORAL CONTRAST TO DRINK PRIOR TO YOUR ARRIVAL.

ON THE DAY OF YOUR EXAM, FOLLOW THE INSTRUCTIONS ON THE BOTTLE. EACH BOTTLE IS **ONE DOSE.**

DRINK YOUR FIRST DOSE AT: \_\_\_\_\_

DRINK YOUR SECOND DOSE AT: \_\_\_\_\_

YOU WILL BE GIVEN ANOTHER DOSE WHEN YOU ARRIVE FOR YOUR APPOINTMENT.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL \_\_\_\_\_  
Phone No.

Thank you