

ST. VINCENT'S CLAY COUNTY MEDICAL IMAGING COLON TRANSIT STUDY PREP AND RETURN INSTRUCTIONS

Appointment Reminder

DO NOT take laxatives, enemas, or suppositories for 5 days or until this test is complete.

DAY 1

Date: _____ Time: _____

Please Return for DAY 3 Images:

Date: _____ Time: _____

Please Return for DAY 5 Images:

Date: _____ Time: _____

WHEN YOU RETURN PLEASE SHOW THIS APPOINTMENT CARD TO THE MEDICAL IMAGING FRONT DESK PERSONNEL. You do not have to re-register for this appointment.

Patient: _____

*Top half: patient, bottom half: attach to requisition & leave in dept. *

COLON TRANSIT STUDY

Patient: _____

DAY 1 Appt Date: _____ Time: _____ COMPLETED BY: _____

Patient to return:

DAY 3 Appt Date: _____ Time: _____ COMPLETED BY: _____

DAY 5 Appt Date: _____ Time: _____ COMPLETED BY: _____

****PLEASE ANNOTATE ALL IMAGES: COLON TRANSIT STUDY, PRE-LIM & DAY 1, 3, or 5.**

****START EXAM IN EXAM MANAGEMENT ON DAY 1**

****DON'T FORGET TO COMPLETE EXAM BY SCANNING ASSESSION # IN EXAM MANAGEMENT & SCAN PAPER WORK ON DAY 5.**