



**SULTAN AHMAD SHAH MEDICAL CENTRE @IIUM**  
**DEPARTMENT OF RADIOLOGY**  
**PATIENT PREPARATION INSTRUCTIONS -ULTRASOUND EXAMINATION**  
**ARAHAN PERSEDIAAN PESAKIT-PEMERIKSAAN ULTRASOUND**

NAME: NAMA:	REGISTRATION NO: NO PENDAFTARAN:	
NRIC/PASSPORT NO: NO KAD PENGENALAN/NO PASPORT:	WARD/DEPARTMENT: WAD/JABATAN:	
DATE: TARIKH:	TIME: MASA:	am/pm pagi/petang

**1. Ultrasound Abdomen/HBS**

*Ultrasound Abdomen/HBS*

1.1 You are not allowed to eat and drink for about 6 hours before the examination.

*Tidak dibenarkan makan dan minum selama 6 jam sebelum pemeriksaan.*

**2. Ultrasound KUB**

*Ultrasound KUB*

2.1 You are not allowed to eat and drink for about 6 hours before the examination, unless stipulated otherwise.

*Tidak dibenarkan makan dan minum selama 6 jam sebelum periksaan dijalankan kecuali yang telah ditetapkan sebaliknya.*

2.2 1 hour before the examination, please drink about 4 glasses of water and do not urinate until you have completed the examination.

*1 jam sebelum pemeriksaan, sila minum 4 gelas air dan jangan buang air kecil sehingga pemeriksaan telah siap dijalankan.*

2.3 Please make sure your bladder is full before the examination.

*Sila pastikan pundi kencing penuh semasa pemeriksaan.*

**3. Ultrasound THYROID/BREAST/DOPPLER/TESTIS**

*Ultrasound THYROID/BREAST/DOPPLER/TESTIS*

3.1 No preparation needed

*Tiada persediaan diperlukan*

**IMPORTANT**

*PENTING*

1. You are requested to arrive at the predetermined date and time.

*Anda diminta hadir pada tarikh dan masa yang ditetapkan*

2. Please bring along this form.

*Sila bawa borang ini bersama*

3. Please bring along the old X-ray/ultrasound films from the referring clinic before coming to the Department of Radiology.

*Sila bawa filem X-ray/ultrasound lama (Ambil terlebih dahulu di klinik sebelum datang ke Jabatan Radiologi)*