

**SULTAN AHMAD SHAH MEDICAL CENTRE @IIUM
DEPARTMENT OF RADIOLOGY**

PATIENT PREPARATION FORM – INTERVENOUS UROGRAPHY (IVU) EXAMINATION
BORANG PERSEDIAAN PESAKIT – PEMERIKSAAN UROGRAPHY (IVU)

1 day before examination (Date: _____)

1 hari sebelum pemeriksaan (Tarikh: _____)

1. Repeat steps 1-4 as above.
Ulang langkah 1-4 di atas.
2. Please take 3 tablets of Docolax after dinner.
Makan 3 biji ubat ducolax selepas makan malam.
3. To start fasting from 10 pm.
Mula berpuasa dari jam 10 malam.
4. Please take the pre-treatment steroids as prescribed below if you are suffering from asthma/allergic to medicine & seafood.
Pastikan anda mengambil ubat pra rawatan steroid jika anda menghidap penyakit lelah (asma) atau alahan terhadap makanan / ubat-ubatan.

_____ Tab Prednisolone 50mg 12 hour before examination and
Tab Prednisolone 50mg 12 jam sebelum pemeriksaan dan

_____ Tab Prednisolone 50mg 2 hours before examination
Tab Prednisolone 50mg 2 jam sebelum pemeriksaan.

On examination day (Date: _____)

Pada hari pemeriksaan (Tarikh: _____)

1. Please bring along the old X-ray film (if any)
Sila bawa bersama filem X-ray sekiranya ada.
2. Please arrive at the predetermined time.
Pastikan anda hadir pada masa yang telah ditetapkan.
3. Please do not eat or drink except for any medication as directed by the doctor.
Jangan makan dan minum kesuali ubat-ubatan yang diarahkan oleh doctor.
4. If you are unable to attend or having any problems please contact us at 09-591 2500 ext: 2576.
Sekiranya anda tidak dapat hadir atau mengalami sebarang masalah sila hubungi kami di talian 09-591 2500 sambungan 2576.