








# Nuclear Medicine Renal Flow & Function Study:

Name: \_\_\_\_\_ Appointment date: \_\_\_\_\_ Check In Time: \_\_\_\_\_

Please follow these directions carefully.

| Day Before Appointment   | Day of Appointment  |
|--|---|
| <p> <b>Eat and drink</b> unless you have another test that has dietary restrictions</p> <p> <b>Hydrate</b> - drink cold beverages throughout the day</p> <p> Take all medications as prescribed by your physician</p> <p> If you are breast-feeding, please call Nuclear Medicine at (206) 223-6951 for additional instructions</p> | <p> <b>Drink</b> 2 cups of water during the hours before your appointment</p> <p><b>Drink</b> 1 cup of water when you arrive in Nuclear Medicine</p> <p> Wear loose comfortable clothing free from metal objects</p> <p> Female patients, who might be pregnant, e.g. last menstrual cycle greater than 28 days, will require a pregnancy test</p> |