



**SUMMIT
MEDICAL
GROUP**

Echocardiogram Instructions - BH

MRN#

DOB:

Patient Name:

Date:

Provider:

Appointment Date: _____

Time: _____

Patient Name: _____

Your doctor has ordered an Echocardiogram. This study uses ultrasound to assess the structure and performance of your heart. The test will be performed at One Diamond Hill Road, Berkeley Heights, NJ. Please go to the Cardiology Department on the **second floor** of the **Bensley Pavilion**.

After you arrive, you will be brought into a private examination room. You will be asked to change into a gown. A few electrodes will be attached to your chest wall. You will then be asked to lie on your left side on an exam table while ultrasound pictures are taken of your heart by an ultrasound technologist. For some patients, an intravenous contrast agent may be needed to enhance the ultrasound images. If this is needed, an IV will be placed in your hand or arm and the contrast agent will be administered by a nurse. The typical exam takes about 45 minutes. **However, please plan on being in the Cardiology Department for about 1 hour.**

In preparation for your study, please do not use any body lotion or body oils on the day of the test. If possible, please try to avoid eating 1-2 hours before the test as well.

Your test is a scheduled procedure. Please try to arrive a few minutes before your appointment time. If you are unfamiliar with our location, please allow additional time when making your travel plans. If you are unable to keep your appointment, please call 908-277-8709 as soon as possible. You may leave a voice mail message after hours.