

Date _____

M. BASSAM HAFFAR, M.D. ---CRYSTAL WATKINS, FNP

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PHONE : (304) 345-2255/ (304) 395-3332 FAX: (304) 470-4366

ULTRASOUND (AND~OR) FIBROSCAN OF YOUR LIVER

Dear _____

You have been scheduled EITHER AN ULTRASOUND or LIVER FIBROSCAN (OR BOTH). IT IS SCHEDULED IN OUR OFFICE (address above) on the following morning:

DATE _____ TIME _____

ULTRASOUNDS ARE ONLY AVAILABLE ON WEDNESDAY mornings FROM 8am--10am, we make every effort to schedule both procedures same day for your convenience. Keep this in mind if you need to reschedule. Fibroscan scheduling can be flexible if needed.

INSTRUCTIONS-- NOTHING TO EAT OR DRINK AFTER MIDNIGHT THE NIGHT BEFORE YOU ARE SCHEDULED. You may brush your teeth and rinse, but absolutely no gum, no mints, and no smoking.

THANK YOU,

The staff of B. Haffar, M.D.