



# Olympia Multi-specialty Clinic

To our patients scheduled for a **Gastric Emptying Study**

Patient's name \_\_\_\_\_

You have been scheduled for a Nuclear Gastric Emptying Study  
on \_\_\_\_\_ at 406 Black Hills Lane SW, Olympia, WA 98502

You have to arrive at \_\_\_\_\_ AM.

A gastric emptying study uses a radioactive substance (or tracer) to examine your gastrointestinal tract.

A gastric emptying study is performed to determine the amount of time required for your stomach to empty after a meal. The study can be helpful in detecting causes of unexplained nausea, vomiting and bloating or weight loss.

## **Before your Procedure**

- Tell your physician if you are pregnant or nursing.
- You should not eat or drink anything for 6 hours prior to your study.
- You may take your medications as usual, unless instructed differently by your physician.

## **During your Procedure**

- You will first be given a meal of 4 oz of egg whites and toast provided by the Clinic. A small amount of radioactive material has been added to the food. Your body usually eliminates the tracer within 24 hours. The radiation you are exposed to with the ingested radioactive substance is less than a regular X-ray.
- After you have eaten, images will be taken. The images are taken at intervals for about 3-4 hours.
- Total length of exam is up to 5 hours.

One of our staff will be contacting you the day before your test to remind you of your appointment and the restrictions associated with the test. This will also be an opportunity to have any questions answered regarding the study.

You can reach the clinic at (360) 754-1737 to confirm or cancel your appointment or reach out staff for questions.

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In the event that I do not appear at my scheduled appointment without canceling within 24 hours. I agree that I will be responsible for the cost of the drug, which is approximately \$100.00. I understand that I will be billed directly for this cost and that if I fail to show up for the exam without canceling, my insurance will not cover this cost.

Signature of patient: \_\_\_\_\_ Date: \_\_\_\_\_

Name of patient: \_\_\_\_\_ Acct: \_\_\_\_\_

Signature of staff member: \_\_\_\_\_

The phone number I can be reached at to confirm my appointment is: \_\_\_\_\_