



ANNE ARUNDEL UROLOGY, P.A.
Anne Arundel Urological Surgery Center, L.L.C.

Annapolis Office: 410-266-8049
Weems Creek Medical Center
600 Ridgely Ave., Suite 130

Glen Burnie Office: 410-768-0036
Crain Towers Building
1600 Crain Hwy, Suite 503

UROFLOW PRE & POST PROCEDURE INFORMATION & INSTRUCTIONS

Dear: _____

You have been scheduled for a **UROFLOW PROCEDURE.**

Procedure Date: _____ **Time:** _____

(Please arrive at your scheduled time unless you have been instructed otherwise).

Procedure Location:

Annapolis Office Glen Burnie Office

Preparation:

The purpose of the test is to learn more about how your bladder normally functions. It is important that you arrive with your bladder feeling comfortably full and ready to urinate as you normally would.

▶ **You need to drink approximately thirty-two (32) ounces of fluids one (1) hour before the test,** but you may adjust the amount and/or timing as you see fit. If you don't really feel the need to void (but complete the test anyway), the results will not be accurate. Likewise, if your bladder is very full and uncomfortable, the results will not be accurate.

▶ ***Please notify staff at the reception desk if you urgently need to void prior to your appointment time.***

▶ **NOTE:**

You may consume the thirty-two (32) ounces at home, or if you prefer you may come to the office **one (1) hour prior** to your scheduled procedure to drink the fluids.

If you have any further questions, please feel free to call the office where your procedure is scheduled.

Date scheduled: _____ By: _____

******Please note**** There will be a \$25 fee charged for missed appointments not cancelled with at least 24 hours notice. This fee will be the responsibility of the patient and will not be charged to the insurance carriers.**