



FIBROSCAN REQUEST FORM
PLEASE FAX TO 647-494-3243

Date of request:

Indication for FibroScan:

- | | | |
|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> HBV | <input type="checkbox"/> Alcohol | <input type="checkbox"/> Abnormal liver tests |
| <input type="checkbox"/> HCV | <input type="checkbox"/> PBC | <input type="checkbox"/> Suspected cirrhosis |
| <input type="checkbox"/> Fatty liver | <input type="checkbox"/> Methotrexate | <input type="checkbox"/> Other: |

Clinical Information/Diagnosis/Question:

ALT _____ AST _____ ALP _____ Platelets _____ HBV DNA _____ HBeAg +/-

PATIENT INFORMATION
(Please fill in or affix label)

Name (Last, First):

DOB:

Gender:

Phone:

email:

Referring Physician (please include fax number and physicians to 'cc'):

Preferred Clinic Location:

- | | |
|--|---|
| <input type="checkbox"/> Toronto West (Bloor & Islington)
Bloor Islington Place, #1140-3300 Bloor St. West
Centre Tower, 11th Floor | <input type="checkbox"/> Woodbridge (#200-4610 Hwy #7 West) |
| <input type="checkbox"/> Toronto Central (Dufferin & Lawrence)
#505-3200 Dufferin St. | <input type="checkbox"/> Newmarket (#216-16700 Bayview Ave.) |
| <input type="checkbox"/> Toronto Midtown (Yonge & St. Clair)
Balmoral Health Group, #301-1366 Yonge St. | <input type="checkbox"/> Richmond Hill (#510-330 Hwy #7 East) |
| <input type="checkbox"/> Scarborough (Finch & Kennedy)
#302-4040 Finch Ave. | <input type="checkbox"/> Burlington (#32-1960 Appleby Line) |
| <input type="checkbox"/> Mississauga (#509-2300 Eglinton Ave. West) | <input type="checkbox"/> Waterloo (Sanguen Health Ctr., 29 Young St. East) |
| <input type="checkbox"/> Brampton (#210-490 Bramalea Rd.) | <input type="checkbox"/> Kitchener Belmont Ave. (#303-564 Belmont Ave. West) |
| | <input type="checkbox"/> Kitchener Queen St. (#203-585 Queen St. South) |
| | <input type="checkbox"/> Guelph (Sanguen Health Ctr., 176 Wyndham St. North) |

FibroScan is contraindicated in patients with implanted cardiac devices or pregnancy. Patients should fast at least 2 hrs prior to their scan.
Fee for FibroScan including CAP is \$100-\$130 (depending on location), payable by cash, Visa, MC, or AMEX. We will contact your patient directly with their appointment. Bookings also available online at www.fibroscan.ca.

For questions, call 416-268-0150 or visit www.liverscan.ca.