



**FIBROSCAN REQUEST FORM
PLEASE FAX TO 647-494-3243**

Date of request:

**PATIENT INFORMATION
(Please fill in or affix label)**

Name (Last, First): _____
DOB (dd/mm/yyyy): _____
Gender: _____
Phone: _____
email: _____

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	ALT _____ AST _____ ALP _____ Platelets _____ HBV DNA _____ HBeAg +/-
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Information/Diagnosis/Question:

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

Preferred Clinic Location:

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Toronto West (Bloor & Islington)
Bloor Islington Place, #1140-3280 Bloor St.
West, Centre Tower, 11th Floor | <input type="checkbox"/> Mississauga (2300 Eglinton Ave W, Suite 509, beside Credit Valley Hospital) |
| <input type="checkbox"/> Toronto Central (Dufferin & Lawrence)
#401-3200 Dufferin St. | <input type="checkbox"/> Woodbridge (#200-4610 Hwy #7 West) |
| <input checked="" type="checkbox"/> Toronto (North York)
1100 Sheppard Ave East, Suite 403 | <input type="checkbox"/> Newmarket (#216-16700 Bayview Ave.) |
| <input type="checkbox"/> Scarborough (Finch & Kennedy)
#302-4040 Finch Ave. | <input type="checkbox"/> Richmond Hill (#510-330 Hwy #7 East) |
| <input type="checkbox"/> Mississauga (West GTA Endoscopy Clinic,
2225 Erin Mills Parkway, unit 183, Sheridan Mall,
lower level) | <input type="checkbox"/> Burlington (#32-1960 Appleby Line) |
| | <input type="checkbox"/> Waterloo (Sanguen Health Ctr., 29 Young St. East) |
| | <input type="checkbox"/> Guelph (Sanguen Health Ctr., 176 Wyndham St. North) |

FibroScan is contraindicated in pregnancy. Patients should fast at least 2 hrs prior to their scan. Fee for FibroScan including CAP is \$125 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.