



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

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

**Date of request:**  
\_\_\_\_\_

**Name:** \_\_\_\_\_  
**DOB (dd/mm/yyyy):** \_\_\_\_\_  
**Gender:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Indication for FibroScan:**

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

**Clinical Information:**

Request Chinese-speaking technician

ALT \_\_\_\_\_ AST \_\_\_\_\_ ALP \_\_\_\_\_ Platelets \_\_\_\_\_ HBV DNA \_\_\_\_\_ HBeAg +/-

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

\_\_\_\_\_

**Preferred Clinic Location:**

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Toronto West (Bloor &amp; Islington)</b><br>Bloor Islington Place, #1140-3280 Bloor St. West<br>Centre Tower, 11th Floor | <input type="checkbox"/> <b>Woodbridge</b> (#200 - 4610 Hwy #7 West)                |
| <input type="checkbox"/> <b>Scarborough (Finch &amp; Kennedy)</b><br>#302 – 4040 Finch Ave.  | <input type="checkbox"/> <b>Newmarket</b> (#610 - 581 Davis Dr.)                    |
| <input type="checkbox"/> <b>Mississauga East</b><br>#370 - 1420 Burnhamthorpe Rd. East   | <input type="checkbox"/> <b>Newmarket</b> (#216 - 16700 Bayview Ave.)               |
| <input type="checkbox"/> <b>Mississauga Center (Erindale Medical Center)</b><br>1101 McBride Ave.  | <input type="checkbox"/> <b>Richmond Hill</b> (#510 - 330 Hwy #7 East)              |
| <input type="checkbox"/> <b>Mississauga Credit Valley</b><br>#511 - 2300 Eglinton Ave. West  | <input type="checkbox"/> <b>Burlington</b> (#32 - 1960 Appleby Line)                |
| <input type="checkbox"/> <b>Mississauga West GTA</b><br>#18 - 3545 Odyssey Dr.   | <input type="checkbox"/> <b>North York</b> (#403 - 1100 Sheppard Ave. East)         |
|  | <input type="checkbox"/> <b>Barrie</b> (Whole Life Clinic, 30 Owen St.)             |
|  | <input type="checkbox"/> <b>Waterloo</b> (Sanguen Health Ctr., 29 Young St. East)   |
|  | <input type="checkbox"/> <b>Guelph</b> (Sanguen Health Ctr., 176 Wyndham St. North) |
|  | <input type="checkbox"/> <b>London</b> (Synergy Ctr., #101 - 1635 Hyde Park Rd.)    |

Patients should fast at least 3 hrs prior to their scan. Fee for FibroScan including CAP is \$140-150 (depending on location), payable by cash, credit card, or debit. We will contact your patient directly with their appointment. Bookings also available online at [www.liverscan.ca](http://www.liverscan.ca).

For questions, call 416-268-0150 or visit [www.liverscan.ca](http://www.liverscan.ca).