LiverScan Direct

FIBROSCAN REQUEST FORM
PLEASE FAX TO 647-494-3243

Date of request:

_____

PATIENT INFORMATION
(Please fill in or affix label)

Name:

_____

DOB (dd/mm/yyyy): _____
Gender: _____
Phone: _____
Email: _____

Indication for FibroScan:

- ☐ **Fatty liver**
- ☐ **HBV**
- ☐ **HCV**
- ☐ **Other:** _____
- ☐ **Alcohol**
- ☐ **PBC**
- ☐ **Methotrexate**
- ☐ **Abnormal liver tests**
- ☐ **Suspected cirrhosis**
- ☐ **Liver screening**

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:

- ☐ **Toronto West (Bloor & Islington)**
  Bloor Islington Place, #1140-3280 Bloor St. West
  Centre Tower, 11th Floor
- ☐ **Scarborough (Hwy 401 & Markham Rd.)**
  #300 – 10 Milner Business Ct.
- ☐ **Mississauga East (Burhamthorpe Professional Ctr)**
  #370 - 1420 Burnhamthorpe Rd. East
- ☐ **Mississauga West (WGTA Endoscopy)**
  #18 – 3545 Odyssey Dr.
- ☐ **Mississauga Credit Valley**
  #511 - 2300 Eglinton Ave. West
- ☐ **Newmarket Main** (#107A – 712 Davis Dr.)
- ☐ **Newmarket North** (#610 - 581 Davis Dr.)
- ☐ **Newmarket South** (#216 - 16700 Bayview Ave.)
- ☐ **Oakville** (#502 – 345 Lakeshore Rd. E.)
- ☐ **East York/Danforth** (1123 Broadview Ave.)
- ☐ **North York** (#403 - 1100 Sheppard Ave. East)
- ☐ **Brampton East** (#35 – 2740 North Park Dr.)
- ☐ **Brampton North** (#103 – 695 Remembrance Rd.)
- ☐ **Woodbridge** (#200 - 4610 Hwy #7 West)
- ☐ **Richmond Hill** (#510 - 330 Hwy #7 East)
- ☐ **Burlington** (#32 - 1960 Appleby Line)
- ☐ **Milton** (#210 – 2800 High Point Dr.)
- ☐ **Barrie** (Whole Life Clinic, 30 Owen St.)
- ☐ **Waterloo** (Aligned Health - 745 Bridge St. West)
- ☐ **Waterloo** (Sanguen Health Ctr., 29 Young St. East)
- ☐ **Guelph** (GIMC, # 202 - 1030 Gordon St.)
- ☐ **London** (Synergy Ctr., #101 - 1635 Hyde Park Rd.)

Patients should fast at least 3 hours prior to their scan. Fee for FibroScan including CAP is $150, payable by cash, debit, or credit card. Bookings available online at www.liverscan.ca. For information, call 416-268-0150 or email info@liverscan.ca.
For reports, email reports@liverscan.ca.