



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

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

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

**Name (Last, First):**  
\_\_\_\_\_  
**DOB (dd/mm/yyyy):** \_\_\_\_\_  
**Gender:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**email:** \_\_\_\_\_

**Indication for FibroScan:**

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

**Clinical Information/Diagnosis/Question:**

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

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

\_\_\_\_\_

**Preferred Clinic Location:**

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

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