



FIBROSCAN REQUEST FORM
PLEASE FAX TO 647-494-3243

Date of request:

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: _____ | | |

PATIENT INFORMATION
(Please fill in or affix label)

Name:

DOB (dd/mm/yyyy): _____

Gender: _____

Phone: _____

Email: _____

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"/> Toronto West (Bloor & Islington)
Bloor Islington Place, #1140-3280 Bloor St. West
Centre Tower, 11th Floor | <input type="checkbox"/> East York/Danforth (1123 Broadview Ave.) |
| <input type="checkbox"/> Scarborough (Finch & Kennedy)
#302 – 4040 Finch Ave. | <input type="checkbox"/> Brampton East (#35 – 2740 North Park Dr.) |
| <input type="checkbox"/> Mississauga East (#370 - 1420
Burnhamthorpe Rd. East) | <input type="checkbox"/> Brampton North (#103 – 695 Remembrance Rd.) |
| <input type="checkbox"/> Mississauga Center (Erindale Medical Center)
1101 McBride Ave. | <input type="checkbox"/> Woodbridge (#200 - 4610 Hwy #7 West) |
| <input type="checkbox"/> Mississauga Credit Valley (#511 - 2300
Eglinton Ave. West) | <input type="checkbox"/> Richmond Hill (#510 - 330 Hwy #7 East) |
| <input type="checkbox"/> Mississauga West (#18 - 3545 Odyssey Dr.) | <input type="checkbox"/> Burlington (#32 - 1960 Appleby Line) |
| <input type="checkbox"/> Newmarket (#610 - 581 Davis Dr.) | <input type="checkbox"/> North York (#403 - 1100 Sheppard Ave. East) |
| <input type="checkbox"/> Newmarket (#216 - 16700 Bayview Ave.) | <input type="checkbox"/> Barrie (Whole Life Clinic, 30 Owen St.) |
| | <input type="checkbox"/> Waterloo (Sanguen Health Ctr., 29 Young St. East) |
| | <input type="checkbox"/> Guelph (Sanguen Health Ctr., 176 Wyndham St. North) |
| | <input type="checkbox"/> London (Synergy Ctr., #101 - 1635 Hyde Park Rd.) |

Patients should fast at least 3 hrs prior to their scan. Fee for FibroScan including CAP is \$150, payable by cash, credit card, or debit.
We will contact your patient directly with their appointment. Bookings also available online at www.liverscan.ca.
For questions, call 416-268-0150 or visit www.liverscan.ca.