Mahendra N. Patel, MD   Robert B. Moghimi, MD

FibroScan® Referral Form

Thank you for requesting a FibroScan® test on your patient. FibroScan® is a non-invasive method of assessing the degree of liver fibrosis and steatosis in patients by utilizing ultrasound technology, called vibration controlled transient elastography (VCTE). FibroScan® is minimal risk to your patient*.

Patient Name: _____ Patient D.O.B: _____
Phone Number for Patient: _____

Referring Provider: _____
Office Phone: _____ Office Fax: _____
Diagnosis: _____
Insurance: _____ ID _____
Authorization # _____

Please check one:

____ FibroScan® procedure only Results will not be discussed with the patient and are the responsibility of the referring provider.

____ FibroScan® plus full hepatology consultation Results will be immediately available and interpreted with the patient, along with complete evaluation including laboratory, imaging, or other work-up with recommendations to the referring provider and hepatology follow-up if needed.

PREPARATION: For accurate results, please inform your patients they will be asked

1. To be Fasting (NPO) for 4 hours prior to his/her procedure.
2. FibroScan® is not approved for pregnant women or patients with pacemakers, implantable cardioverter-defibrillators (ICDs), or cochlear implants.
3. The patient will be lying down on their back with right arm raised and tucked behind the head.

To ensure that we provide the best possible care, we request that the following information be sent to us prior to scheduling your patient (if available):

1. Last office note with current medications
2. 2. Recent blood work
3. 3. Recent liver imaging
4. 4. Patient demographics & insurance information
5. 5. Clinical Data Assessment sheet (only if the above information is not available, please complete to the best of your ability)

Thank you for choosing NORTH VALLEY GI CONSULTANTS for * FibroScan®