LIVER SCAN BRISBANE

Fibroscan® Request Form

Medicare Number: ..... Health Fund: .....

Family Name: ..... Given Names: .....

Date of Birth: ..... / ..... / ..... Sex: ○ M ○ F ○ I

Address: .....

Phone Number: .....

Referring GP: ..... Phone Number: .....

Address: .....

Date of Referral: ..... / ..... / .....

○ Urgent Required by: ..... / ..... / .....

○ **Fibroscan only**

○ **Fibroscan + Outpatient OPD**

Indication for FIBROSCAN® *(tick all that apply)*

Viral Hepatitis ○ HBV ○ HCV ○ HIV

○ ALD *Alcohol liver disease*	○ NAFLD *Non-alcoholic fatty liver disease*	○ ABN LFTs *Abnormal liver function tests*	○ HHC *Haemochromatosis*

○ Other: .....

Recent laboratory findings: ..... / ..... / .....

ALP:	GGT:	ALT:	AST: .....
Albumin:	Bilrubin:	Na:	INR: .....
Platelet Count:	Weight (kg):	Height (cm):	BMI: .....

Liver Biopsy:

○ Yes ..... / ..... / ..... ○ No ○ Unknown

Contraindications to FIBROSCAN® include pregnancy, pacemakers and cardiac defibrillators.

Comments:

Form completed by: Name: ..... Phone: .....

Provider No: ..... Fax: .....

Address: .....

Signature: ..... Date: ..... / ..... / .....

Please fax completed form to 61 7 3319 6917

Fibroscan Bookings: +61 7 3493 5621
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