

FibroScan® Referral Form

Referring Provider: _____ Patient Name: _____

Office Phone: _____ Patient D.O.B: _____

Office Fax: _____ Phone Number for Patient: _____

Diagnosis: _____

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.

Thank you for requesting a FibroScan® test on your patient at the Dartmouth-Hitchcock Medical Center facility in Lebanon, NH. 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*. **For accurate results, please inform your patients they will be asked to fast (NPO) for four hours prior to his/her procedure.**

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. Recent blood work
3. Recent liver imaging
4. Patient demographics & insurance information
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 Dartmouth-Hitchcock Medical Center for your patient care needs.

Sincerely,

The Hepatology Team

* FibroScan® is not approved for pregnant women or patients with pacemakers, implantable cardioverter-defibrillators (ICDs), or cochlear implants.