University of Michigan Health System

DIVISION OF HEPATOLOGY
Room 5E14
300 N. Ingalls Street, SPC 5410
Ann Arbor, MI 48109-5410
734-998-0002/734-764-9435 (fax)

REQUEST FOR LIVER FIBROSCAN (Liver Elastography)

PLEASE COMPLETE AND FAX TO 734-764-9435. Missing information WILL delay the scheduling of your patient.

Today's Date: _____ **Contact Name & Number:** _____

Section 1: Patient Information (REQUIRED)

Patient Name: (PLEASE PRINT)_____

Address:_____ City/State/Zip: _____

Date of Birth: _____/_/___ Sex: F ☐ M ☐

Telephone #s: (home**)**: (_____)_____ Other day time contact #: (_____)_____

Patient's Insurance ID Number (REQUIRED): **If referral authorization is required, please fax to 734-764-9435**

☐ Medicare ☐ BCN ☐ BCBS ☐ Medicaid ☐ Other _____ ☐ **HMO** ☐ **POS** ☐ **PPO**

Section 2: Physician Information (REQUIRED) If referring physician is not Primary Care Physician, provide PCP info

Referring Physician's Name: _____ NPI # _____

Address: _____ City/State/Zip: _____

Telephone #:(_____)_____ Fax Number :(_____)_____

Primary Care Physician's Name: _____NPI# _____

Address: _____ City/State/Zip: _____

Telephone #:(_____)_____ Fax Number :(_____)_____

Section 3: Patient History Information (REQUIRED)

Indication for Fibroscan: Assess for cirrhosis/ fibrosis stage/ other (specify)

Type of Liver disease: Chronic HCV / HBV/ Non-alcoholic Fatty Liver Disease (NAFLD) / Alcoholic / PBC or PSC

Autoimmune Hepatitis/ Hemochromatosis / other _____ (specify)

Please list relevant studies and date completed: Fax reports if not performed at U of M

☐ Serum AST/ ALT_____ Date: ____/____/____ Location: _____

☐ Physician Clinic notes_____ Date: ____/____/____ Location: _____

FibroScan testing is NOT recommended for patients with

- Ascites (or variceal bleeding, hepatic encephalopathy)
- Right heart failure
- Acute hepatitis (serum ALT > 500 or bilirubin > 3 mg/dl)
- Inability to lie flat

Patients are not to eat/ drink for at least 3 hours before the test

Please fax Fibroscan request form, medical documentation, insurance referral and authorization to (734) 764-9435