

Referring Provider: _____ Office Phone: _____

Practice Name: _____ Fax: _____

Practice Address _____ PCP Name: _____

Patient Name: _____ MRN# _____

DOB: _____ Cell Phone _____ Home Phone _____ Work Phone _____

Mailing Address: _____

Will a supplied interpreter be needed for this appointment? No Yes Language: _____

Health Insurance: _____ Subscribers Name: _____

Policy #: _____ Group# _____ Subscribers DOB _____

Referral for Gastroenterology & Hepatology | FibroScan®

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 their 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):

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

Requested services

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.