

FibroScan Referral Form

Referring Provider: _____ Patient Name: _____

Office Phone: _____ DOB: ____/____/____ DHMC MR# _____

Office Fax: _____ Phone Number for Patient:
(Home) _____ (Cell) _____

Patient Diagnosis: _____

Thank you for referring your patient to Dartmouth-Hitchcock Medical Center for a FibroScan test. FibroScan is a new non-invasive method of assessing the degree of liver fibrosis in patients by utilizing ultrasound technology. FibroScan is minimal risk to your patient and results are immediate point of care testing.

For an accurate reading, please ask your patient to be fasting or 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:

1. Clinical data assessment sheet
2. Last office note with current medications
3. Recent lab work
4. Recent liver imaging
5. Patient demographic & insurance information

Thank you for choosing Dartmouth-Hitchcock Medical Center for your patient care needs.

Sincerely,

The Hepatology Team