



MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

Division of Hepatology
Floor 3 Reception D
1500 E. Medical Center Dr. SPC 2435
Ann Arbor, MI 48109-2435
844-233-0433/734-764-9435 (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.