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## Fibroscan® Referral

<p><b>Referring Doctor</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Telephone: _____</p> <p>**Provider number: _____</p> <p>Signed: _____</p> <p>Date: _____</p> <p><b>Cc details</b></p> <p>Dr Name: _____</p> <p>Address: _____</p> <p>_____</p>	<p><b>Patient Details (or patient sticker)</b></p> <p>RAH UR No: (if app): _____</p> <p>Surname: _____</p> <p>Given Names: _____</p> <p>DOB: _____ Sex: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>(H) _____ (W) _____</p> <p>Weight: _____ kg</p> <p>Height: _____ cm</p>
<p><b>Indication</b></p> <p>ETOH                      Autoimmune disorder</p> <p>Hepatitis B    T2DM</p> <p>Hepatitis C    Deranged LFT</p> <p>NAFLD/NASH</p> <p>Medication                      Specify</p> <p>Comorbidities                      Specify</p> <p>Other                      Specify</p>	<p><b>Previous Fibroscan</b>                      Yes      No</p> <p>Date: _____ Result: _____</p> <p><b>Liver Biopsy</b>                      Yes      No      Date: _____</p> <p>Stage _____ Grade _____</p>
<p><b>Results (Pre scan)</b></p> <p>ALT    _____    AST    _____    GGT    _____</p> <p>ALP    _____    Platelets    _____</p>	<p><b>Fibroscan Results</b></p> <p>_____ KPa    _____ IQR    _____ % success</p> <p>_____ CAP    _____ IQR</p> <p>Fibroscan Date: _____</p>
<p>Other comments:</p>	