LIVER SCAN EXPRESS
Phone:437-294-0565
Email:liverscanexpress@gmail.com

FIBROSCAN REQUEST FORM
PLEASE FAX TO 437-826-4066

or email to:
liverscanexpress@gmail.com

Date of Request:_____

Patient Information	Referring Physician (Name and Fax)
Name (Last,First): _____ DOB(dd/mm/yyyy):_____ Gender:_____ Phone:_____ email:_____	

Reason for FibroScan:

☐ Hepatitis B	☐ Alcohol	☐ Abnormal liver tests
☐ Hepatitis C	☐ PBC	☐ Suspected cirrhosis
☐ Fatty liver	☐ Methotrexate	☐ Liver Screening
☐ Diabetes	☐ Obesity	☐ Other:_____

Preferred Location:

☐Scarborough: 3443 Finch Ave E,Unit 209,Scarborough,ON.M1W2S1

☐Ajax: 300 Rossland Rd E Unit 205, Ajax, ON. L1Z 0K4

☐Aurora:25 William Graham Drive,Unit B1,Aurora,ON.L4G3G3

☐Etobicoke:115 Humber College Blvd,Unit 718,Etobicoke,ON.M9V0A9

Fasting required 3 hours prior to exam,
Fee:$125