Hospital
Hep C Center

UofL Hospital Hep C Center
550 S. Jackson Street
Ambulatory Care Building
3rd Floor
Louisville, KY 40202
Phone: 502-561-5687
Fax: 502-681-1371

Fibroscan Referral

Patient Name: ____

DOB: ____________________ Weight: ________ Height: ________ BMI: ________

Address: ____

____

Best Phone: ____________________ Alternate Phone: ____________________

Insurance Plan: ____

Referring Provider: ____

Referring Provider's Phone: ____________________ Fax:____________________

Liver-related diagnosis: ____

SCREENING QUESTIONS (Please complete before sending referral):

Does this patient have ongoing alcohol abuse/dependency? Y N

Does this patient have ascites at this time? Y N

Is this patient pregnant? Y N

Does this patient need help transferring to an exam table? Y N

Does this patient have a pacemaker? Y N

Does this patient have any other type of implanted stimulator? Y N

Please note:

Fibroscan accuracy is influenced by body habitus, eating/drinking within 4 hours, and nicotine intake. Please do not refer a patient with a BMI over 45 as we will unlikely be able to obtain a result. We will remind patients to fast, but appreciate your help in reminding them as well.