The St George Hospital
Department of Gastroenterology & Hepatology

St George Hospital
University of New South Wales

LIVER SERVICE
Assoc/Professor Amany Zekry MBBS, PhD, FRACP
Dr John Freiman MBBCh, PhD, FRACP
Dr Gok Pavendranathan MBBS, MaME, FRACP

GASTROENTEROLOGY SERVICE
Professor Ian J S Cook MD, FRACP
Professor Michael Grimm PhD, FRACP
ENDOSCOPIC SERVICES
Philip Craig MBBS PhD, FRACP

FIBROSCAN REQUEST FORM

Date_____

Re: **Patient Label**
Patient Name

Address
Sex
Telephone (H) ***(Mobile)*** ***(Work)***

1. Indication For Assessment:

Note: FibroScan use is validated in patients with hepatitis B/C, alcoholic liver disease, chronic cholestatic diseases & HCV/HIV co-infection.

2. Physical Examination: Stigmata of Chronic Liver Disease? YES / NO
If yes please specify:

3. Previous Liver Biopsy: Date_____ Fibrosis score_____

4.

Date	
ALT	
AST	
Platelets	

Note: Elevated Liver Function Tests can interfere with FibroScan results
We request that all patients FAST for 2 HOURS prior to FibroScan

Referring Doctor:
Provider Number:
Address:
Fax No: