



## WHY FIBROSCAN® :

- FibroScan® examination may be warranted for any of following conditions:
  - ⇒ Virus infections, such as Hepatitis B or Hepatitis C
  - ⇒ Alcohol related liver disease
  - ⇒ Obesity related liver disease (Non-alcoholic fatty liver disease)
  - ⇒ Other types of chronic liver disease
- Better than a biopsy, the FibroScan® probe sends a wave through a larger section of liver than is possible to test with a biopsy and gives a clearer picture of the disease state affecting the largest portion of the liver.

**The best part is that many insurance companies are covering this painless procedure which is quicker and cheaper than the previously used liver biopsy. Digestive CARE self pay rate is competitively priced at \$250!**

## FIBROSCAN® READING:

The reading may be used to:

- estimate the existing degree of liver damage
- monitor disease progression or regression via serial measurements
- guide prognosis and further management, including treatment

Failure or unreliable readings are seen more frequently in patients with the following characteristics:

- Obesity (BMI >40 kg/m<sup>2</sup>), large waist circumference
- Older age
- Active ascites

## WHAT DO THE RESULTS MEAN?

FibroScan® results range from 2.5 kPa to 75 kPa.

Between 90–95% of healthy people without liver disease will have a liver scarring measurement <7.0 kPa (median is 5.3 kPa).

Reports will be read by a qualified Digestive CARE doctor and findings sent with the FibroScan report to the referring physician within 72 hours of procedure.

## HOW DO I ORDER THIS SCAN?

Fax referral form on reverse side to FibroScan scheduler at 954-344-9154.

**NEW, quick & painless FDA approved alternative to Liver Biopsy with new FibroScan® technology**





# FIBROSCAN REFERRAL FORM

## Referring Physician:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 NPI: \_\_\_\_\_

## Patient's Demographics:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Notes: \_\_\_\_\_  
 \_\_\_\_\_

### INSURANCE INFORMATION

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_  
 Plan Name \_\_\_\_\_  
 Insured (if other than Patient) \_\_\_\_\_ Relationship \_\_\_\_\_ Insured's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

### Choose location of appointment:

<input type="checkbox"/> <b>1447 Medical Park Boulevard Suite 205 Wellington, FL 33414</b>	<input type="checkbox"/> <b>3001 Coral Hills Drive Suite 380 Coral Springs, FL 33065</b>
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### **\*\*IMPORTANT—PLEASE FILL OUT BELOW\*\***

#### 1. Please see the above-named patient for a FibroScan evaluation for:

HEP B       HEP C       Fatty Liver       Other \_\_\_\_\_

#### 2. Referring Physician Signature \_\_\_\_\_

Appointment Date \_\_\_\_/\_\_\_\_/\_\_\_\_      Appointment Time \_\_\_\_\_

Authorization/Referral: \_\_\_\_\_

### Laboratory Data (if available):

Viral serology: \_\_\_\_\_

ALT: \_\_\_\_\_ AST: \_\_\_\_\_ GGT: \_\_\_\_\_ ALP: \_\_\_\_\_ Bilirubin: \_\_\_\_\_ Platelet Count: \_\_\_\_\_

**Important Reminders:**

<p>Fasting 2 hours before test</p>	<p><b>NOT Candidates for FibroScan</b></p> <ul style="list-style-type: none"> <li>• Pregnant patients</li> <li>• Patients with pacemakers</li> <li>• Patients with active ascites</li> </ul>
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