

Livera FibroScan® Referral Form

Tel: 647-221-8182

liverahealth@gmail.com

Fax referrals to 1-855-262-3423



Patient Information

Patient name: _____

Date of birth: _____

HC#: _____ Sex: _____

Cell phone number: _____

E-mail: _____

Physician Information

Physician name: _____

Office fax: _____

Billing number: _____

Date: _____

Signature: _____

Preferred Livera location:

- Richmond Hill (250 Harding Blvd W.)
- Markham (379 Church St.)
- North York (11 Newton Dr.)

- Woodbridge (40 Innovation Dr.)
- East York (840 Coxwell Ave.)
- Newmarket (535 Mulock Dr.)

Reason for Referral:

- Abnormal Liver Tests
- NAFLD/Fatty Liver Disease/NASH
- ALD/Alcohol-Related Disease
- Cirrhosis/Rule Out Cirrhosis
- Medication Risk (Methotrexate)
- AIH/Autoimmune Hepatitis
- HCV/Hepatitis C
- HBV/Hepatitis B
- PBC/PSC
- Hemochromatosis/Hyperferritinemia
- Hypertension
- Diabetes
- Obesity
- Metabolic Dysfunction-Associated Steatotic Liver Disease (MASLD)
- Multi-Etiology
- Other: _____

Referral for:

- FibroScan® with CAP**

A nurse performs the FibroScan® assessment and interprets the results using the Interpretation Guide and Scores on myFibroScan app by Echosens. The results are sent to you to follow up with the patient.

(There is a **fee** of \$100-\$120 for FibroScan with CAP; non-OHIP insured service)

- FibroScan® with CAP + Result Consultation with Patient and Patient Education**

After the FibroScan® with CAP and result interpretation described above, a nurse will discuss the results with the patient and provide patient education: changes to diet and lifestyle to improve liver health.

(There is an additional **fee** of \$25 for the result consultation and patient education)

Please attach recent lab reports and imaging.

We will contact the patient directly to provide information about their appointment. For more information, contact us.