



MAYFAIR[®]
DIAGNOSTICS

HCC Surveillance Requisition

135, 1621 Albert Street,
Regina, SK
Tel 306.569.9729
Fax 306.569.3337

PATIENT & APPOINTMENT INFORMATION

PLACE PATIENT LABEL HERE

Date of Request: D/ M/ Y/
 Name: _____ Female Male
 Address: _____
 City: _____ Province: _____ Postal Code: _____

Home Phone: _____
 Other Phone: _____
 Date of Birth: D/ M/ Y/
 Saskatchewan Health Card Number: _____
Appt. Date: D/ M/ Y/ Time: _____

HCC (HEPATOCELLULAR CARCINOMA) SURVEILLANCE

Book patient for serial follow-up exams at 6 month intervals

Hepatitis B

- Asian male ≥ 40 years old
- Asian female ≥ 50 years old
- African ≥ 20 years old
- Family History of HCC
- Caucasian male ≥ age 40 with HBV viral load ≥ 20,000 IU/mL and elevated ALT
- Caucasian female ≥ age 50 with HBV viral load ≥ 20,000 IU/mL and elevated ALT

Cirrhosis

- Biopsy Dx
- Fibroscan (F4)
- AST to Platelet Ratio Index (APRI)
- FIB-4
- Other: _____

Cause(s) of cirrhosis (check all that apply):

- | | |
|--------------------------------|--|
| <input type="checkbox"/> Hep B | <input type="checkbox"/> Alpha 1 anti-trypsin deficiency |
| <input type="checkbox"/> Hep C | <input type="checkbox"/> Hemochromatosis |
| <input type="checkbox"/> ETOH | <input type="checkbox"/> Wilson's Disease |
| <input type="checkbox"/> NAFLD | <input type="checkbox"/> Autoimmune |
| <input type="checkbox"/> PBC | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> PSC | |

Known Benign Liver Lesions: Yes No

Known Malignant Liver Lesions: Yes No

CLINICAL HISTORY

Please complete this section with as many details as possible, this enables our clinic staff to provide the most comprehensive patient care.

Stat Phone Report
Phone: _____

Stat Fax Report
Fax: _____

REFERRING PHYSICIAN INFORMATION

Referring Health Provider: _____ Address: _____
 Signature: _____ Practitioner's ID/Stamp: _____
 Phone: _____ Fax: _____
 Copy to: _____ **Stat Report**

All images and reports will be available on provincial pacs.

PATIENT INFORMATION

1. Please bring your health insurance card and this requisition.
2. Stay on prescribed medications. Diabetics should discuss possible stoppage or reduction of insulin with their physician. If instructions are to be on a fasting or "clear liquid" diet, early appointments should be requested for diabetics.
3. Please do not bring children who require supervision.
4. Arrive a few minutes early for your appointment. Please call if you are unable to keep your appointment 306.569.XRAY(9729).
5. Kindly advise us of any limitation of mobility prior to your exam.
6. Please do not wear fragrance as others may be sensitive.
7. Please advise us if you are in a wheelchair so we can better accommodate your needs.

ULTRASOUND PREPARATION INSTRUCTIONS

Complete Abdomen

Do not eat, drink or chew gum for 6 hours prior to the examination.

APPOINTMENTS

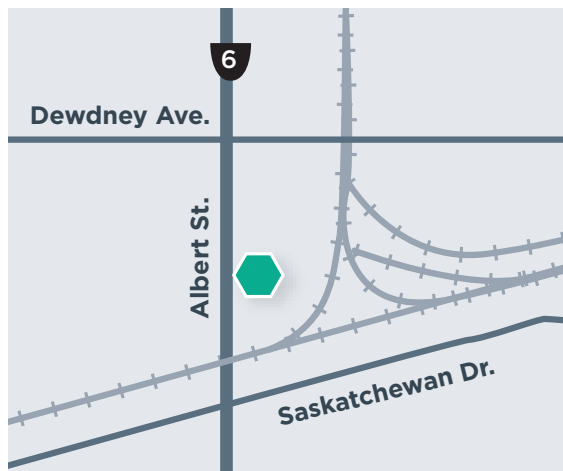
306.569.XRAY(9729)

Fax: 306.569.3337

Mayfair Diagnostics Regina

135, 1621 Albert Street

Regina, Saskatchewan S4P 2S5



REGINA CENTRE CROSSING PARKING



ORDER FORM

Appointments:
306.569.XRAY(9729)

Fax: 306.569.3337

Attention! You are almost out of requisition forms.

TO REPLENISH YOUR SUPPLY OF HCC SURVEILLANCE
REQUISITION FORMS:

Call us at 306.569.XRAY(9729)

E-mail your request to requisitions@radiology.ca

Fax this form to 306.569.3337

Print requisitions directly from radiology.ca/requisition-forms

EMR upload assistance available. Please contact us at the above
phone number or email address.

Clinic: _____

Address: _____

Phone: _____

Email: _____

Number of requisition pads required: _____

Thank you for your referrals.



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