



Liver Studies REQUISITION

ALL APPOINTMENTS

Tel 306.569.9729

Fax 306.569.3337

135, 1621 Albert Street
Regina, SK S4P 2S5

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:** _____ am pm

EXAM TYPE

Shear Wave Elastography
for Assessment of Liver Fibrosis

Risk Factor for Chronic Liver Disease

Suspected or known nonalcoholic fatty
liver disease (NAFLD)

Excessive alcohol consumption

Other cause of chronic liver disease
(e.g. viral hepatitis, autoimmune,
hemochromatosis):

HCC (Hepatocellular Carcinoma) Surveillance

Book patient for **serial follow-up exams at six-month intervals**

Hepatitis B

Asian male ≥ 40 yrs old

Asian female ≥ 50 yrs old

African ≥ 20 yrs 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)

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

Hep B

Hep C

ETOH

NAFLD

PBC

PSC

FIB-4

Other: _____

Alpha 1 anti-trypsin deficiency

Hemochromatosis

Wilson's Disease

Autoimmune

Other: _____

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: _____

REFERRER INFORMATION

Name: _____ 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 306.569.9729.
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.

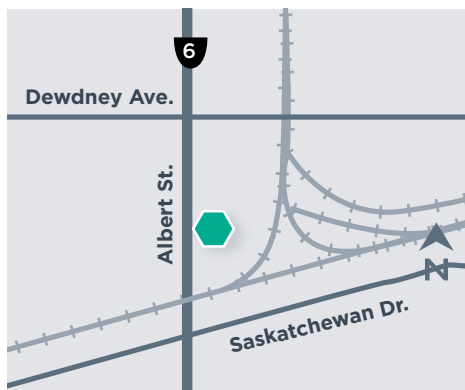
ULTRASOUND PREPARATION INSTRUCTIONS

Complete Abdomen

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

Mayfair Diagnostics Regina

135, 1621 Albert Street
Regina, SK S4P 2S5



Regina Centre Crossing Patient Parking Access

■ FREE VISITOR PARKING
 ■ PATIENT DESIGNATED PAID PARKING

