Liver Studies REQUISITION

ALL APPOINTMENTS Tel 306.569.9729 Fax 306.569.3337

135, 1621 Albert Street Regina, SK S4P 2S5

PATIENT & APPOIN	IMENI	INFORMATI	ON					
PLACE PATIENT LABEL HERI	E			Home Phone:				
Date of Request: <u>D/</u>	M/	Y/		Other Phone:				
Name:		Female	Male	Date of Birth: <u>D</u> /		M/	Υ/	
Address:			Saskatchewan Health Card Number:					
City: Provi	nce:	_ Postal Code:		Appt. Date: D/	Μ/	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)

MAYFAIR®

DIAGNOSTICS

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 \geq 40 yrs old Asian female \geq 50 yrs old African \geq 20 yrs old Family History of HCC **Caucasian male** \geq age 40 with HBV viral load \geq 20,000 IU/mL and elevated ALT

Caucasian female \geq age 50 with HBV viral load \geq 20,000 IU/mL and elevated ALT

Cirrhosis

Biopsy Dx Fibroscan (F4)

FIB-4

Other: _____

AST to Platelet Ratio Index (APRI)

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

Hep BAlpha 1 anti-trypsin deficiencyHep CHemochromatosisETOHWilson's DiseaseNAFLDAutoimmunePBCOther: ______

CLINICAL HISTORY

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

PSC

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.

