
Fibroscan request form

To book: Appointments team: 020 7460 5700 or CNS: 020 7460 2000 (extension 7200)
Email: Oscar.Martin-Simon@Cromwellhospital.com

PLEASE BRING THIS FORM WITH YOU WHEN YOU ATTEND THE HOSPITAL

All sections of this form must be completed in full

PREPARATION: FASTING FOR 3 HOURS

Charge code: 377014

Referring Consultant:

Phone:

Email:

Patients Details (or sticker):

Name:

DOB:

MRN:

Clinical Indications (tick as appropriate):

Abnormal Liver Function Test

ALD (Alcohol Liver Disease)

Autoimmune Hepatitis

Chronic Hepatitis B

Chronic Hepatitis C

Drug induced liver injury

Haemochromatosis

Liver disease unspecified

NAFLD (Non-alcoholic Liver Disease)

PBC (Primary Biliary Cholangitis)

Other (please specify)

Other information:

Blood Test Results:

AST:

ALT:

Referring Clinician Signature

Signature:

Date / /