



FIBROSCAN® PROGRAM REFERRAL FORM

Dr. Magdy Elkhashab, M.D., M.Sc., FRCP(C)

Gastroenterology and Liver Disease

1664 Dufferin St., Toronto, Ont., M6H 3M1

Tel: 416-652-9662 / Fax: (416) 652-5367

LOCATIONS:

10 Cottrelle Blvd. #207
Brampton, ON L6S 0E1

89 Queensway West
#208 Mississauga L5B 2V2

2 Champagne Dr.,
#B17, Toronto M3J 2C5

3155 Harvester Rd #207,
Burlington, ON L7N 3V2

1017 Wilson Ave., #308
Toronto M3K 1Z1

2525 Old Bronte Rd.,
#250, Oakville, L6M 4J2

4040 Finch Ave. E #108
Scarborough M1S 4V5

7155 Woodbine Ave., #125,
Markham L3R 1A3

89 Queensway West #220
Mississauga L5B 2V2

5734 Yonge St. #300
North York M2N 4E7

1101 Brock St. S.,
Whitby, ON L1N 4M1

1664 Dufferin St.
Toronto M6H 3M1

1110 Sheppard Ave. E,
#506, North York M2K 2W2

2640 Rutherford Rd.,
#202, Vaughan, L4K 0H3

9425 Leslie St, #14
Richmond Hill, L4B 3N7

5 Fairview Mall Dr.
197 North York, M2J 2Z1

FIBROSCAN® EXAMINATION INCLUDING CAP (STEATOSIS MEASUREMENT) \$90.00

Patient's Demographics	Referring Physician's Information

INDICATION:

Hepatitis B

Hepatitis C

NAFLD

ALD (alcoholic liver disease)

Drug Induced, please specify: _____

Autoimmune

Abnormal Imaging (U/S, CT, MRI etc.)

Abnormal Liver Enzymes

Rule out cirrhosis

Other: _____

PLEASE PROVIDE LABORATORY DATA

(this will allow us to provide you with additional useful non-invasive markers for liver fibrosis):

ALT: _____	Bilirubin: _____
AST: _____	ALP: _____
GGT: _____	Platelet count: _____

IMPORTANT:

❖ Please fast at least 4 hours before the test

❖ Pregnant patients can now undergo FibroScan®

❖ Patients with ascites are NOT candidates for a Fibroscan®

Appointment date and time:

* Please inform your patient of the following appointment and appointment details.

Referring Physician will receive interpretation of results of FibroScan® and CAP examination, as well as recommendations for management and follow up.

FIBROSCAN® PROGRAM - Toronto Liver Centre tel: 416-652-9662 / Fax: 416-652-5367

Our website: www.tlccure.com