



# South Denver Gastroenterology, P.C.

499 E. Hampden Ave, Suite 420  
Englewood, CO 80113

## FIBROSCAN REFERRAL FORM

**SCHEDULING PHONE: (303) 406-4278**

**FAX: (303) 790- 2567 or (303) 788-6452**

Patient Name: \_\_\_\_\_

Referring Provider: \_\_\_\_\_

DOB: \_\_\_\_\_

Phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

**\*\*\*PLEASE ATTACH THE BELOW SO AS NOT TO DELAY SCHEDULING OF PATIENT:**

- 1) PATIENT DEMOGRAPHIC AND INSURANCE SHEET
  
- 2) PLEASE INDICATE BELOW THE REASON FOR THE FIBROSCAN
  - Abnormal Liver Imaging
  - Chronic Hepatitis C
  - Cured Hepatitis C
  - Chronic Hepatitis B
  - Autoimmune Hepatitis
  - Primary Biliary Cholangitis
  - Primary Sclerosing Cholangitis
  - Alcoholic Liver Disease
  - Non-Alcoholic Fatty Liver (includes fatty liver and NASH)
  - Elevated Liver Tests
  - Disorder of Iron Metabolism
  - Hereditary Hemochromatosis
  - Alpha-1-Antitrypsin Deficiency
  - Wilson's Disease
  - Liver Transplant Recipient
  - Organ Donor Evaluation
  - Drug Induced Liver Injury
  - Cirrhosis
    - Cause of Cirrhosis \_\_\_\_\_