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FibroScan referral

Please fax demographics, insurance cards, and pertinent clinicals listed below along with this completed form to 337-264-6948

Referred by: _____ Diagnosis: _____

Office Contact: _____ Contact Phone: _____

Patient Name: _____ D.O.B.: _____

Home phone: _____ Cell: _____ Work: _____

Primary insurance: _____

Member/Policy ID: _____ Group#: _____

Secondary insurance: _____

Member/Policy ID: _____ Group#: _____

Please fax the following records

1. Any previous Fibrosure or Fibroscan with Metavir score
2. Any previous Liver biopsy pathology
3. Most recent CMP
4. Recent office visit with HPI