



*Please Fax Patient's  
Records, Demographics  
and Insurance Card.*

## FIBROSCAN®/ELASTOGRAPHY Referral Form

*This form is to refer patients directly for  
A FibroScan and not for consultation.*

*For clinical referrals, please use the  
Hepatology Referral Form.*

### WHAT IS ELASTOGRAPHY ?

Transient elastography, is an examination technique used to assess liver stiffness (measured in kPa correlated to fibrosis) without invasive investigation. The result is immediate, revealing the condition of the liver allowing physicians to diagnose and monitor disease evolution. Exam results help to anticipate various complications, as well as to monitor and assess the damage caused by conditions such as cirrhosis. The elastography examination is painless, quick and easy.



### REFERRING PROVIDER INFORMATION

_____ Physician Last Name	_____ Physician First Name
_____ Office Address	_____ Date of Referral
_____ Phone	_____ Fax (Elastography report will be faxed to this number)

#### PLEASE PERFORM FIBROSCAN FOR THE FOLLOWING CONDITION:

- ELEVATED LIVER ENZYMES   
  FATTY LIVER (NASH)   
  VIRAL HEPATITIS B OR C  
 CIRRHOSIS   
  AUTOIMMUNE HEPATITIS

*WE WILL FAX THE ELASTOGRAPHY REPORT TO THE FAX NUMBER LISTED ABOVE*

*Thank you for referring your patients to the Texas Liver Institute.*

### PATIENT INFORMATION

_____ Patient Last Name	_____ Patient First Name
_____ Patient Date of Birth	_____ Patient Insurance (if available)

Appointment Date/Time \_\_\_\_\_

*This box to be completed by  
Texas Liver Consultants Administration*

Patient Notified Date \_\_\_\_\_ By \_\_\_\_\_

Refer. Office Notified Date \_\_\_\_\_ By \_\_\_\_\_

### Texas Liver Institute locations:

**San Antonio Central**  
607 Camden, Suite 108  
San Antonio, Texas 78215

**Fax Referrals:**  
**210.227.6951**

Phone: 210.253.3426

**Austin**  
1111 34th St., Suite 210  
Austin, Texas 78705

**Fax Referrals:**  
**512.454.8375**

Phone: 512.454.8378