

## FibroScan Referral Form

Please fax form to 228-200-5650 or email to [dclark@ndori.org](mailto:dclark@ndori.org)

Patient Name:

DOB:

Phone:

Email:

Does the patient have a pacemaker or defibrillator?  Yes  No

\*Please note, Fibroscan is contraindicated in patients with a pacemaker or defibrillator.

Referring Physician:

Additional Comments: \_\_\_\_\_  
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