MAYFAIR® DIAGNOSTICS

Liver Studies REQUISITION

ALL APPOINTMENTS
Tel 306.569.9729
Fax 306.569.3337
135, 1621 Albert Street
Regina, SK S4P 2S5

PATIENT & APPOINTMENT INFORMATION

PLACE PATIENT LABEL HERE

Date of Request: D/ M/ Y/

Name: ☐ Female ☐ Male

Address:

City: Province: Postal Code:

Home Phone:

Other Phone:

Date of Birth: D/ M/ Y/

Saskatchewan Health Card Number:

Appt. Date: D/ M/ Y/ Time: ☐ am ☐ pm

EXAM TYPE

☐ **Shear Wave Elastography for Assessment of Liver Fibrosis**

☐ **HCC (Hepatocellular Carcinoma) Surveillance**

☐ **Book patient for serial follow-up exams at six-month intervals**

Risk Factor for Chronic Liver Disease

☐ **Suspected or known nonalcoholic fatty liver disease (NAFLD)**

☐ **Excessive alcohol consumption**

☐ **Other cause of chronic liver disease** (e.g. viral hepatitis, autoimmune, hemochromatosis):

_____

Hepatitis B

☐ **Asian male** ≥ 40 yrs old

☐ **Asian female** ≥ 50 yrs old

☐ **African** ≥ 20 yrs old

☐ **Family History of HCC**

☐ **Caucasian male** ≥ age 40 with HBV viral load ≥ 20,000 IU/mL and elevated ALT

☐ **Caucasian female** ≥ age 50 with HBV viral load ≥ 20,000 IU/mL and elevated ALT

Cirrhosis

☐ **Biopsy Dx**

☐ **Fibroscan (F4)**

☐ **AST to Platelet Ratio Index (APRI)**

☐ **FIB-4**

☐ **Other:** _____

Cause(s) of cirrhosis (check all that apply):

☐ **Hep B**
☐ **Hep C**
☐ **ETOH**
☐ **NAFLD**
☐ **PBC**
☐ **PSC**
☐ **Alpha 1 anti-trypsin deficiency**
☐ **Hemochromatosis**
☐ **Wilson's Disease**
☐ **Autoimmune**
☐ **Other:** _____

CLINICAL HISTORY

Please complete this section with as many details as possible. This enables our clinic staff to provide the most comprehensive patient care.

☐ Stat Phone Report
Phone: _____

☐ Stat Fax Report
Fax: _____

REFERRER INFORMATION

Name:

Signature:

Phone: Fax:

Copy to:

Address:

Practitioner's ID/Stamp:

☐ **Stat Report**

All images and reports will be available on provincial PACS.

PATIENT INFORMATION

1. Please bring your health insurance card and this requisition.
2. Stay on prescribed medications. Diabetics should discuss possible stoppage or reduction of insulin with their physician. If instructions are to be on a fasting or "clear liquid" diet, early appointments should be requested for diabetics.
3. Please do not bring children who require supervision.
4. Arrive a few minutes early for your appointment. Please call if you are unable to keep your appointment 306.569.9729.
5. Kindly advise us of any limitation of mobility prior to your exam.
6. Please do not wear fragrance as others may be sensitive.
7. Please advise us if you are in a wheelchair so we can better accommodate your needs.

ULTRASOUND PREPARATION INSTRUCTIONS

Complete Abdomen

Do not eat, drink, or chew gum for six hours prior to the examination.

Mayfair Diagnostics Regina
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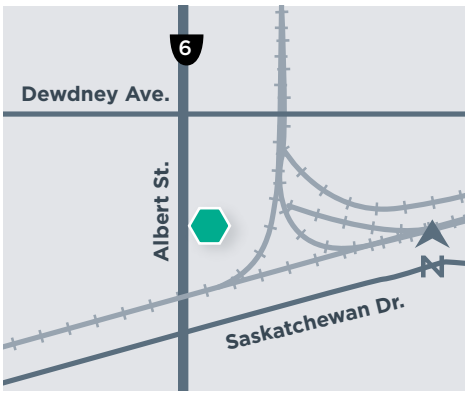
Regina, SK S4P 2S5



Regina Centre Crossing
Patient Parking Access