



PATIENT INFORMATION	APPOINTMENT DATE / TIME
LAST NAME _____ FIRST NAME _____ ADDRESS _____ TOWN/CITY _____ POSTAL _____ PHONE (____) _____ HEALTH CARD # _____ - _____ - _____ VERSION _____ DATE OF BIRTH _____ DAY MONTH YEAR <input type="checkbox"/> Male <input type="checkbox"/> Female	APPT. DATE _____ DAY MONTH YEAR APPT. DAY (please circle the day): <b>MON TUE WED THU FRI SAT</b> APPT. TIME _____ * Please provide 48 hours notice of cancellation. \$50 fee may be charged for missed appointment with no notice.

**STUDIES**

Liver Elastography with Full Abdominal & Pelvic Ultrasound (TA+TV for females)

Liver Elastography with Full Abdominal Ultrasound

Liver Elastography with Limited Liver Ultrasound

Liver Elastography and Other Study: \_\_\_\_\_

**INDICATIONS**

<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Elevated Liver Enzymes
<input type="checkbox"/> Hepatitis C	<input type="checkbox"/> Autoimmune
<input type="checkbox"/> Chronic Alcohol Use	<input type="checkbox"/> Cirrhosis
<input type="checkbox"/> Fatty Liver	<input type="checkbox"/> Iron or Copper Deposition
<input type="checkbox"/> Possible Medication-Induced Liver Disease	<input type="checkbox"/> Unexplained Portal Hypertension
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Non-Alcoholic Liver Disease

**HISTORY**

BMI: \_\_\_\_\_

Present history of beta blockers

Present history of chronic or acute renal failure

Present history of heart failure

Non-alcoholic fatty liver disease – Acute

Previous Fibroscan [y/n] – please submit prior report

Long term methotrexate use

Other: \_\_\_\_\_

**PREPARATION INSTRUCTIONS**

**ELASTOGRAPHY + FULL ABDOMEN**  
— OR —

**ELASTOGRAPHY + LIMITED LIVER ULTRASOUND**  
Avoid excess fats the night prior to the exam and solid foods 8 hours before the exam. Small quantities of clear fluids are permitted. Any medication should be taken as required.  
上腹腔：检查前一夜避免进食过量脂肪。检查前的 8 小时内避免摄入固体食物。少量清流质食物尚可（应该根据医生嘱咐按时服用任何药物）

**ELASTOGRAPHY + ABDOMEN + PELVIS**  
Avoid solid foods and excess fats 8 hours before the exam. Small quantities of clear fluids are permitted. **One hour prior to exam drink 1 Liter of water. Do NOT empty bladder.**  
上腹腔及下腹腔：检查前的 8 小时内避免进食固体及过量脂肪。少量清流质食物尚可。检查前一小时，喝 4 杯水（共 1000 毫升），但不可如厕。

**Advantages of 2D Elastography at Lighthouse Medical Imaging**

- **More accurate** than Fibroscan
- **Less expensive** than Fibroscan, and no extra charges for steatosis assessment
- **More convenient** – get your ultrasound done at same time, no need for multiple appointments
- **The entire liver is imaged** to assess for potential liver masses. Fibroscan is not an imaging tool.

**REFERRING PHYSICIAN**  **STAT**  **VERBAL**

NAME OF DOCTOR \_\_\_\_\_ DOCTOR'S SIGNATURE \_\_\_\_\_

PHONE \_\_\_\_\_ FAX / EMERGENCY TEL. \_\_\_\_\_

Request CD DATE: \_\_\_\_\_ DAY MONTH YEAR

**COPY TO:** NAME \_\_\_\_\_ FAX # \_\_\_\_\_

**CLINIC LOCATIONS & NORMAL HOURS**

<b>Mon. to Thurs.</b> 8:00am – 7:30pm	<b>Friday</b> 8:00am – 5:00pm	<b>Saturday</b> 8:00am – 1:00pm
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Hours subject to change due to pandemic conditions.



**PRICING**

**Elastography is not yet covered by OHIP.**  
There will be a charge of \$80 for this service (subject to change, you may confirm with the office at time of booking). Payment is by cash, debit or credit. A receipt will be provided and you should be able to obtain reimbursement if you have additional health insurance. Cash is preferred due to processing fees.

**Abdomen, pelvis and limited liver ultrasound are covered by OHIP;** if you have no OHIP card and have no additional insurance, then OHIP rates will apply for these ultrasounds as well.