
PATIENT INFORMATION

LAST NAME _____ FIRST NAME _____

ADDRESS _____ TOWN/CITY _____ POSTAL _____

PHONE () _____ HEALTH CARD # _____ - _____ - _____ VERSION _____

DATE OF BIRTH _____ DAY _____ MONTH _____ YEAR _____ ☐ Male ☐ Female

APPOINTMENT DATE / TIME

APPT. DATE _____ DAY _____ MONTH _____ YEAR _____

APPT. DAY (please circle the day):
 MON TUE WED THU FRI SAT

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

- ☐ Hepatitis B ☐ Elevated Liver Enzymes
- ☐ Hepatitis C ☐ Autoimmune
- ☐ Chronic Alcohol Use ☐ Cirrhosis
- ☐ Fatty Liver ☐ Iron or Copper Deposition
- ☐ Possible Medication-Induced Liver Disease ☐ Unexplained Portal Hypertension
- ☐ Other: _____ ☐ 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: _____

REFERRING PHYSICIAN ☐ STAT ☐ VERBAL

NAME OF DOCTOR _____ DOCTOR'S SIGNATURE _____

PHONE _____ FAX / EMERGENCY TEL. _____

DATE: _____ DAY _____ MONTH _____ YEAR _____

☐ Request CD

☐ COPY TO: _____ NAME _____ FAX # _____

CLINIC LOCATIONS & NORMAL HOURS

 Mon. to Thurs.
 8:00am – 7:30pm

 Friday
 8:00am – 5:00pm

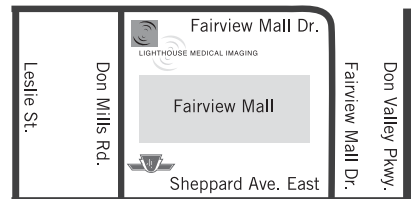
 Saturday
 8:00am – 1:00pm

Hours subject to change due to pandemic conditions.

FINCH SITE

 FREE PARKING 


4190 Finch Avenue East
 Unit #LL04, Scarborough, ON, M1S 4T7
 tel (416) 293-5940 fax (416) 293-6036

FAIRVIEW SITE


5 Fairview Mall Drive
 Unit #100, North York, ON, M2J 2Z1
 tel (416) 499-3559 fax (416) 499-4631

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.

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.