



| PATIENT INFORMATION | | APPOINTMENT DATE / TIME | |
|---|---------------------|---|-------|
| LAST NAME _____ | FIRST NAME _____ | APPT. DATE | _____ |
| ADDRESS _____ | TOWN/CITY _____ | DAY MONTH YEAR | |
| PHONE (____) _____ | HEALTH CARD # _____ | APPT. DAY (please circle the day): | |
| DATE OF BIRTH _____ | VERSION _____ | MON TUE WED THU FRI SAT | |
| Male <input type="checkbox"/> Female <input type="checkbox"/> | | 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 Full Abdominal Ultrasound – LIVER CLINIC PROTOCOL

Liver Elastography with Limited Liver Ultrasound

Liver Elastography and Other Study: _____

Abdominal Ultrasound – LIVER CLINIC PROTOCOL (includes hepatic Dopplers)

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: _____

REFERRING PHYSICIAN STAT VERBAL

NAME OF DOCTOR _____ DOCTOR'S SIGNATURE _____

PHONE _____ FAX / EMERGENCY TEL. _____

DATE: _____

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

4168 Finch Avenue East
Unit #G18, Scarborough, ON, M1S 5H6
tel (416) 293-5940 fax (416) 293-6036 **** NEW LOCATION ****

Please only use 4190's parking lot if you are visiting the 4190 plaza, otherwise there is a risk of ticketing.

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 / ABDOMINAL ULTRASOUND—LIVER CLINIC PROTOCOL / 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.