

MASLD Pathway Fibroscan Requisition



Fax Requisition to: 613-544-7715 OR email to: FibroscanClinic@kingstonhsc.ca

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****Only patients on the MASLD pathway are eligible****

Refer to primary care management pathway

<http://kingstonhsc.ca/refer-patient-khsc/gastroenterology-referrals>

to ensure meets criteria for Fibroscan

PATIENT INFORMATION			
Last Name	First Name	DOB (yyyy/mm/dd)	Sex <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Other
OHIP/Version Code or Other Insurance	Address (including City, Province, Postal Code)		
Home Telephone ()	Work Telephone	Extension	Mobile Telephone
Primary Care Provider Name	Primary Care Provider Phone ()	Primary Care Provider Fax ()	
Referring Care Provider Name	Referring Care Provider Signature (Mandatory)		Date (yyyy/mm/dd)
Referring Care Provider Telephone ()	Ext.	Referring Care Provider Fax ()	Referring Care Provider Email
REASON FOR REFERRAL <input type="checkbox"/> FIB-4 >1.3 but ≤3.25 (if ≤ age 65) OR <input type="checkbox"/> FIB-4 >2.0 but ≤3.25 (if > age 65)	Fibroscan should NOT be performed if: 1. Ascites is present (confirmed on imaging) 2. ALT is >200 3. Patient is pregnant 4. Patient has had a Fibroscan performed within the past 3 years		
Results and Next Steps			
<ul style="list-style-type: none"> • Patient will be contacted directly for Fibroscan appointment • The Fibroscan report will be forwarded back to the <u>ordering physician</u> (this is not reviewed by a hepatologist and the patient is not seen in consultation) • Please refer to the MASLD Clinical Care Pathway for next steps based on the Fibroscan result • If Fibroscan is ≥10 kPa OR the Fibroscan result is deemed indeterminate or invalid, then a referral should be made by the ordering physician to a specialist with expertise in management of liver disease. 			