UnityPoint Health
Des Moines

Center for Liver Disease
1215 Pleasant St. Suite 506
Des Moines, IA 50309
Office: 515-241-4044
Fax: 515-241-4299

The Center for Liver Disease Referral for *FIBROSCAN*

Date: _____Patient Name: _____ DOB: _____

Patient Phone: _____ MRN if UnityPoint: _____

Patient Address: _____

Referring Provider Name: _____ Referring Phone: _____

Referring Provider Fax: _____ Office Contact: _____

Check Diagnosis for Fibroscan (the below are covered dx)

- ☐ **Chronic Liver Disease**
- ☐ **Chronic Hep B**
- ☐ **Chronic Hep C**
- ☐ **Autoimmune Hepatitis**
- ☐ **Primary Biliary Cholangitis**
- ☐ **Primary Sclerosing Cholangitis**
- ☐ **Fatty Liver**
- ☐ **Hemochromatosis**
- ☐ **Alcoholic Liver Disease**

Date of Last ALT: _____ ALT RESULT: _____

Prior Auth Approval for all Non-Medicare/Medicaid Patients Needed:

Insurance: _____ Please attach card with referral if not in Epic

Auth Number: _____ Date Received: _____

The Center for Liver Disease Will Contact the Patient with Fibroscan Time. Please Note: The patient needs to be able to lay flat on their back for 5-10 minutes to be able to complete scan. It is highly encouraged the patient abstain from alcohol for 48 hours if patient can safely do so.

Thank you
The Center for Liver Disease
Reviewed 6/23, 4/25, 7/26