UnityPoint Health
Des Moines

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

Date: _____ Patient Name: _____ DOB: _____

Patient Phone: _____ MRN if UnityPoint: _____

Patient Address: _____

Referring Provider Name: _____ Referring Phone: _____

Referring Provider Fax: _____ Office Contact: _____

URGENT REFERRAL DIAGNOSIS:

☐ HCC/CHOLANGIOCARCINOMA

☐ LIVER LESION (☐ Indeterminate > 3cm ☐ Adenoma)

☐ ELEVATED LFT's (☐ Total Bili > 3 ☐ ALT > 100 ☐ AST > 100 ☐ AP > 150)

☐ CIRRHOSIS (☐ Decompensated ☐ Compensated)

NON-URGENT DX:

☐ NAFLD/NASH ☐ Hepatomegaly ☐ Hep C ☐ Hep B ☐ Liver Cyst ☐ Hemochromatosis

☐ Auto Immune Hepatitis ☐ Elevated LFT's ☐ Liver Lesion ☐ Other:

LAB preference: _____ Lab fax: _____

If not in Epic or Care Everywhere we need the following with the referral:
INSURANCE CARD(s)/ Last Office Note/ Current Medication List/ Demographics/ Imaging and labs related to the diagnosis completed within the last 6 months (CT, MRI, US, etc.)

Thank you
The Center for Liver Disease

Reviewed 6/23, 4/25, 7/26