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

Center for Liver Disease Referral Form

Date: _____ Patient Name: _____ DOB: _____

MRN if UnityPoint: _____ Patient Phone: _____

Patient Address: _____ Diagnosis: _____

Referring Provider: _____ 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' ☐ Liver Lesion

Preferred Location for Appointment: ☐ Des Moines ☐ Grinnell ☐ Osceola

Preferred Provider: ☐ Blake Williams, ARNP ☐ Jenny Mackrill, ARNP ☐ UNMC Provider ☐ First Available

LAB Preference: _____ **Lab Fax:** _____

If not in Epic, please attach the following: last office note, current medication list, copy of insurance information, demographics, and any imaging related to the diagnosis completed within the last 6 months (CT, MRI, US, etc.).

Reviewed 6/23, 4/25