



DIGESTIVE HEALTH ASSOCIATES of Cheyenne

7212 Commons Circle
Cheyenne, WY 82009

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FibroScan Open Access Referral

Service Requested:

FibroScan

GI Consult

Patient Name: _____ DOB: _____

Preferred Phone #: _____

Indications for FibroScan (Check all that apply):

- Abnormal Liver Function Tests
- Abnormal Liver Imaging
- Type I Diabetes
- Type II Diabetes (With concern for fatty change of liver: ICD-10 K76.0)
- Alcoholic Liver Disease
- Alcoholic Hepatitis
- Alcoholic Cirrhosis
- FIB-4 \geq 1.3 (Indeterminate or High value)
- Metabolic Dysfunction-Associated Steatotic Liver Disease (MASLD)
(Formerly Non-Alcoholic Fatty Liver Disease (NAFLD))
- Metabolic Dysfunction-Associated Steatotic Liver Disease (MASH)
(Formerly Non-Alcoholic Steatohepatitis (NASH))
- Metabolic Syndrome
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Other Acute Viral Hepatitis
- Chronic Hepatic Failure
- Chronic Kidney Disease
- Portal Hypertension
- Primary Biliary Cholangitis (PBC)
- Primary Sclerosing Cholangitis (PSC)
- Autoimmune Hepatitis
- Hemochromatosis
- Other: _____
- Other: _____
- Other: _____
- Other: _____

Please include the following with referral:

- Most recent H&P/Office Visit Note
- Demographic Information
- Copy of Insurance cards (front and back)

Referring Provider: _____

Office Phone: _____

Office Fax: _____

For DHA Office Use Only:

OPEN ACCESS SCHEDULED FIBROSCAN:

_____ Date

_____ Time

