

LIVER DISEASE SEVERITY AND FIBROSIS ASSESSMENT REQUEST

Community Outreach Hepatology Service,
Storr Liver Centre, Westmead Hospital
Hawkesbury Road, Westmead NSW 2145
Telephone: 0407 141 139
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Jacob George
Liver Disease Severity
& Fibrosis Assessment Clinic
Westmead Hospital

Dear Prof. George

Please review the following patient for his/her liver disease severity and fibrosis assessment.

PATIENT DETAILS

Surname Gender

First Name Phone

DOB/...../.....

Address

He/she has liver disease due to _____.

Previous Fibroscan		Date:		Result:	
Previous Liver Biopsy		Date:		Result:	
Latest Pathology		Date:		Height:	Weight:
ALT:		AST:		GGT:	Platelets:
Albumin:		Bilirubin:		SAP:	

Fibroscan restriction:

Patients with a BMI > 40 will not be considered unless approved by Prof George.

CLINICAL OPINION (please tick)

Early Liver Disease Moderate Liver Disease Compensated Cirrhosis

Yours sincerely,

Signature _____
Print name _____
Date _____

Practice stamp/address _____

Provider Number: _____