

## **FIBROSCAN**

**Test Date and Time:** \_\_\_\_\_

OFFICE	ADDRESS	PHONE NUMBER
ORANGE CITY	2884 Wellness Avenue, Suite 100   Orange City, FL	386-668-2221
LAKE MARY	835 Currency Circle, Suite 1001   Lake Mary, FL	407-749-6656

**Follow-up date and Time:** \_\_\_\_\_

OFFICE	ADDRESS	PHONE NUMBER
ORANGE CITY	2884 Wellness Avenue, Suite 100   Orange City, FL	386-668-2221
LAKE MARY	835 Currency Circle, Suite 1001   Lake Mary, FL	407-749-6656
DELAND	929 N Spring Garden Ave, Suite 150   DeLand, FL	386-339-2692
OVIEDO	8400 Red Bug Lake Road, Suite 2090   Oviedo, FL	407-605-6511

*Your physician has requested a FibroScan, a painless, quick, and easy examination. Results obtained with FibroScan will help your physician manage your liver health.*

### **BEFORE YOUR EXAM**

- **Do not eat or drink anything for at least 3 hours prior to your examination.** It is important to have your FibroScan exam on an empty stomach.
- Wear comfortable clothes that will allow your healthcare provider to expose the right side of your rib cage.

### **WHAT IS A FIBROSCAN?**

Examination with FibroScan is a non-invasive way to measure the stiffness of your liver. FibroScan works by emitting a small pulse of energy, which may feel as a slight vibration on your skin. FibroScan calculates the speed of this energy to give your healthcare provider an immediate measure of the stiffness of your liver. The stiffness measure can be an important part of understanding your overall liver health.

During the FibroScan, you will lie on your back, with your right arm raised behind your head. Your healthcare provider will apply a water-based gel to your skin and then place a probe on the right side of your rib cage. The healthcare provider will obtain a minimum of ten quick measurements during your examination. These measurements will be used to establish an overall stiffness score.

### **CANCELLATION FEES**

**I understand that missed or cancelled appointments are subject to the following fees:**

Surgical Center or Hospital Procedure with less than 72 hours' notice.....	\$75
In-office Procedure with less than 24 hours' notice .....	\$50
Office visit with less than 24 hours' notice .....	\$25

In addition, I understand that missed appointments or appointments cancelled without required notice may result in a fee charged by the applicable Surgical Center, Hospital, or other facility. I understand that there is a charge for returned checks for any reason (check with your office's staff for specific fees charged). Failure to remedy the returned check may result in legal action. Additionally, there may be a fee charged for completing forms (check with your office's staff for specific fee charged) and copying medical records in accordance with state laws.

Name

DOB

Signature

Date

**Please call our office if you have any questions or concerns.**

2884 Wellness Avenue  
Suite 100  
Orange City, FL 32763  
(386) 668-2221

929 N Spring Garden Avenue  
Suite 150  
DeLand, FL 32720  
(386) 469-7993

835 Currency Circle  
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