



Richard Manch MD · Anita Kohli MD · Naim Alkhouri MD · Yessica Sachdeva, MD
 Ann Moore, NP · Vicki McIntyre, NP

ARIZONA LIVER HEALTH REFERRAL FORM

Preferred Office Location (circle one): (patient can change site to be seen)

CHANDLER

2201 W Fairview St, Suite 9
 Chandler, AZ 85224
 Ph 480.470.4000
 Fax 480.686.8875

PEORIA

15396 N 83rd Ave, Bldg E
 Peoria, AZ 85381
 Ph 480.470.4000
 Fax 480.686.8875

TUCSON

1601 N Swan Rd
 Tucson, AZ 85712
 Ph 520.485.4000
 Fax 520.203.8226

Patient Name: _____
 (Last) (First) (Middle)

Patient Address: _____

DOB: ____ / ____ / ____ Gender: Male / Female Contact Email: _____

Contact Phone Number: (____) _____ - _____ Alternative Number: (____) _____ - _____

Fibroscan only Requests

- Fibroscan Only - Fatty Liver/NASH FREE screening
- Fibroscan Only - HCV, HBV, other staging

Full Consult Requests

- NASH / Fatty Liver
- PBC / PSC
- Abnormal Liver Tests
- Autoimmune Liver Disease
- Hepatitis C
- Hepatitis B
- Cirrhosis
- Abnormal Imaging

Other Liver Disease: _____

Please indicate (if available) the values of the following (include lab print out if available):

AST: _____ ALT: _____ ALBUMIN: _____ (g/l) PLATELETS: _____ (X109/l) BMI: _____ (kg/m²)

HgbA1c: _____ AlkPhos: _____ Date of labs: _____ / _____ / _____

Referring Provider: _____

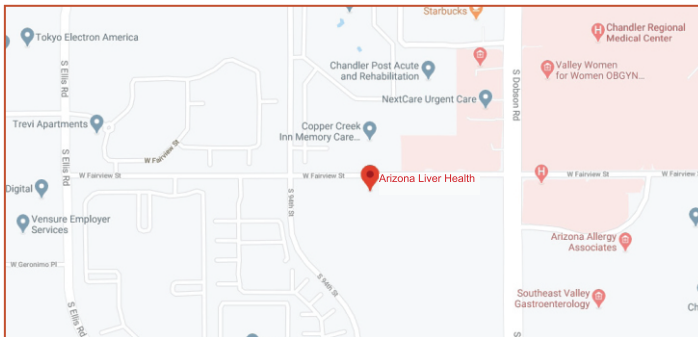
Phone: (____) _____ - _____ Fax (____) _____ - _____

Our guidelines are as follows:

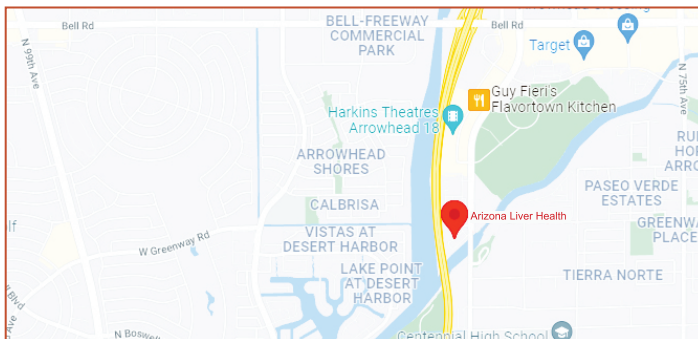
Patients are contacted within (24-48) hours of receipt of the referral. If referral is marked STAT we will call them as soon as the referral is received. Thank you.



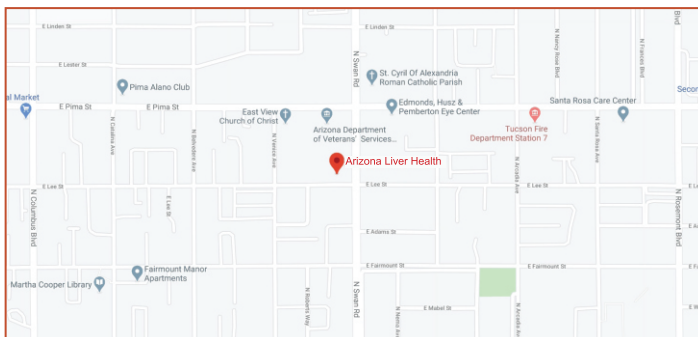
OUR LOCATIONS



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