



Richard Manch MD · Anita Kohli MD · Naim Alkhouri MD · Yessica Sachdeva MD
Ann Moore NP · Vicki McIntyre NP · Tessa Janovsky PA · Angie Coste NP · Bridget Tevis PA

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

FLAGSTAFF

1150 N San Francisco St
Flagstaff, AZ 86001
Ph: 928.863.1000
Fax: 928.419.8027

Alternate Contact - FAX: 480.992.4370 - EMAIL: referrals@azliver.com

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/Drug Therapy
- PBC/PSC
- Abnormal Liver Tests
- Autoimmune Liver Disease
- Hepatitis C
- Hepatitis B
- Cirrhosis
- Abnormal Imaging
- Phase 1 Trials
- 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 (____) _____ - _____

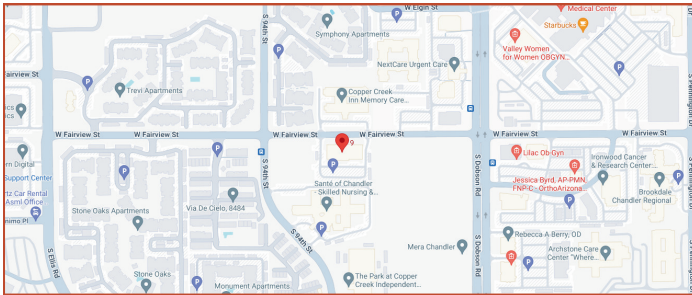
Our guidelines are as follows:

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.



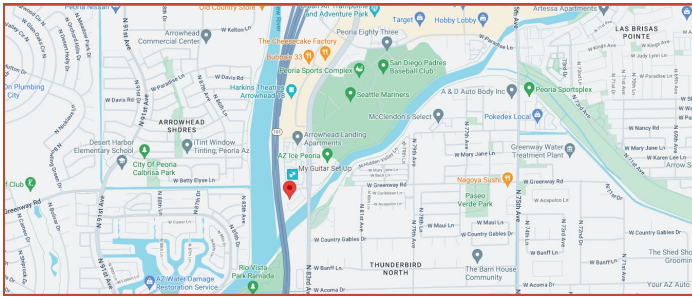
OUR LOCATIONS

www.azliver.com
www.azclinicaltrials.com



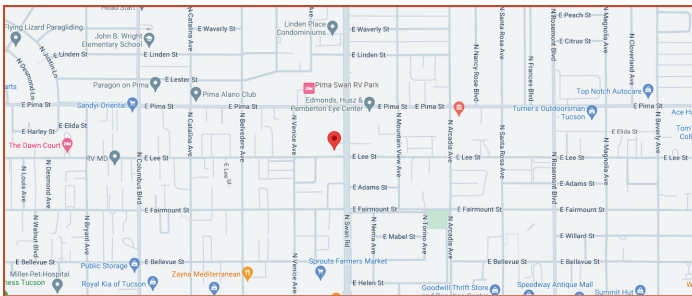
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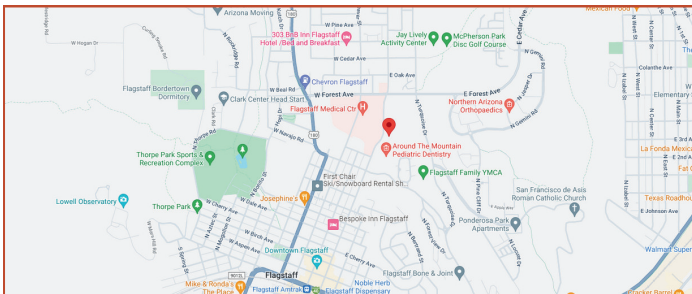
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