ARIZONA LIVER HEALTH™ ARIZONA CLINICAL TRIALS™

REFERRAL FORM

Anita Kohli MD · Richard Manch MD · Justin Reynolds MD · Yessica Sachdeva MD · Hani Rizk MD
Aimee Bachelier ND · Ann Moore NP · Angie Coste NP · Tessa Janovsky PA · Amanda Berg PA · Bridget Tevis PA
Nicole Chrisman NP · Ricardo Lopez PA · Joni McIntyre PA · Claire Ramirez PA · Wendy Alexander PA
Marsha Mccary NP · Julia Melvin NP · Jacob Nguyen PA · Robert Rodriguez PA · Marianne Rosati NP
Rida Nadeem MD · Leslie Wojtowicz NP

PHONE: 480.470.4000 **FAX**: 480.686.8875 **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 / MASH FREE Screening
  - Free FibroScan (Initial Appointment Only)
- ☐ Fibroscan Only - HCV. HBV, other staging

Full Consult Requests:

- ☐ MASH/Fatty Liver/Drug Therapy
- ☐ PBC/PSC
- ☐ Abnormal Liver Tests
- ☐ Autoimmune Liver Disease
- ☐ Viral Hepatitis (HCV)
- ☐ Hepatitis B
- ☐ Cirrhosis
- ☐ Abnormal Imaging
- ☐ PrEP/PEP

Clinical Research Requests:

- ☐ Phase 1 Trials
- ☐ Vaccines
- ☐ Weight Management & Metabolic Diseases
- ☐ Dermatology
- ☐ Neurology
- ☐ Healthy Volunteers
- ☐ **Other (Liver or Trial Related)**: _____

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/m^2)

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

Referring Provider:_____

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

Preferred Location:
(ALH = Liver Clinic)(ACT = Research Site)

- ☐ Chandler - Fairview (ALH)
- ☐ Tucson - Swan (ALH)
- ☐ Peoria - Bldg. E (ALH)
- ☐ Chandler - ACT Medical Park (ACT)
- ☐ Tucson Broadway (ACT)
- ☐ Peoria Bldg. A (ACT)
- ☐ Flagstaff (ACT)

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.

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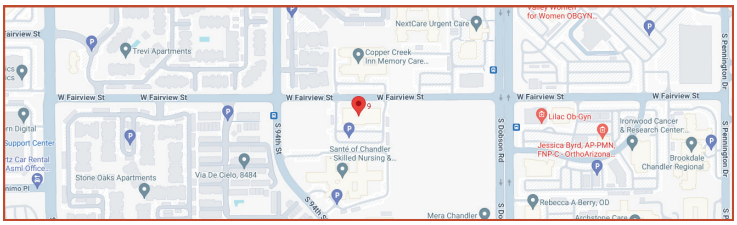
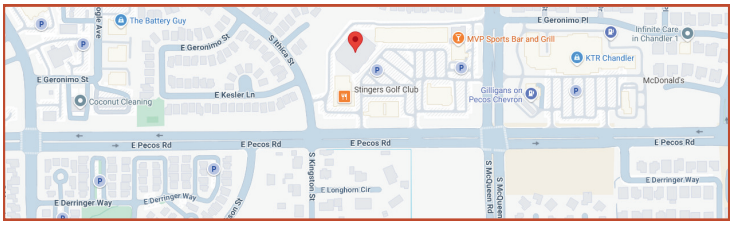
www.actmedical.com
www.azliver.com
www.azclinicaltrials.com

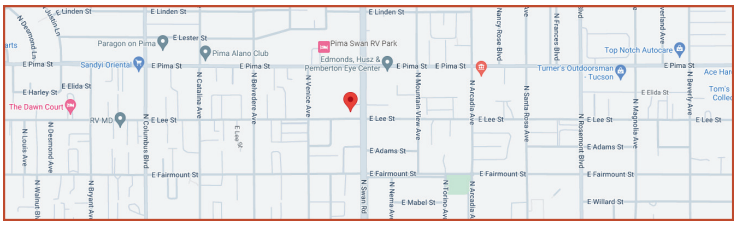
OUR LOCATIONS



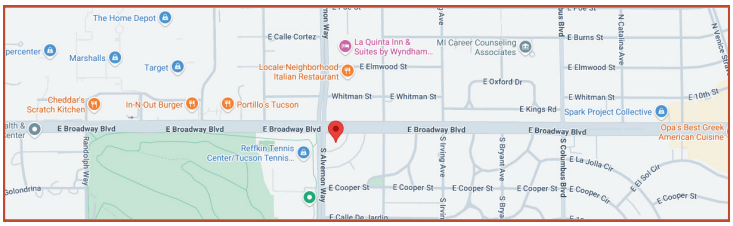
CHANDLER - Fairview - ALH
2201 W Fairview St, Suite 9
Chandler, AZ 85224
Ph: 480.470.4000



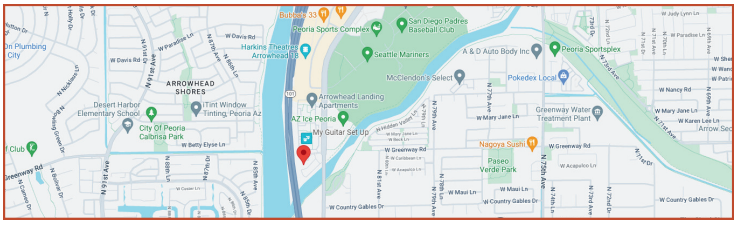
CHANDLER - ACT Medical Park - ACT
910 E Pecos Rd
Chandler, AZ 85225
Ph: 480.360.4000



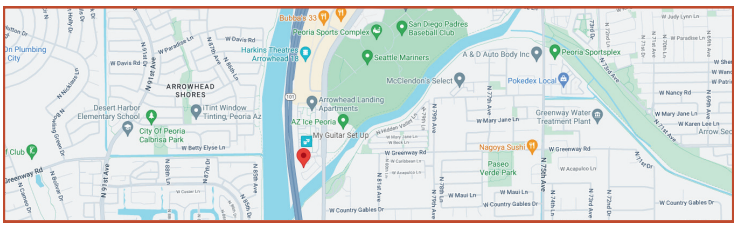
TUCSON - Swan - ALH
1601 N Swan Rd
Tucson, AZ 85712
Ph: 520.485.4000



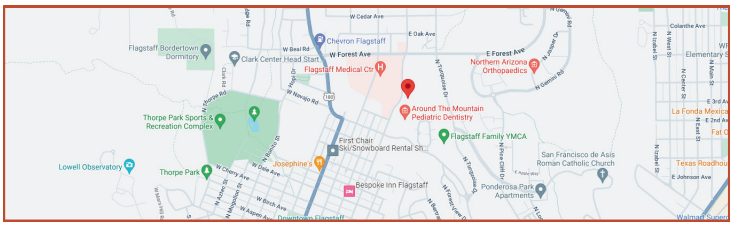
TUSCON - Broadway - ACT
3900 E Broadway Blvd
Tucson, AZ 85711
Ph: 520.485.4000



PEORIA - BLDG. E - ALH
15396 N 83rd Ave, Bldg E
Peoria, AZ 85381
Ph: 480.470.4000



PEORIA - BLDG. A - ACT
15396 N. 83rd Ave. Bldg A Suite 303
Peoria, AZ 85381
Ph: 480.360.4000



FLAGSTAFF - ACT
1150 N San Francisco St
Flagstaff, AZ 86001
Ph: 928.863.1000