

TEANECK GASTROENTEROLOGY ASSOCIATES, PA
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FIBROSCAN

Patient Name: _____

Date of Exam: _____ Time: _____

Your provider has ordered a Fibroscan of your liver to assess fatty liver disease and liver fibrosis (stiffness).

Please arrive FASTING for your appointment with nothing to eat or drink, except water, for at least three hours. You may take any medications you are currently prescribed.

Please wear comfortable, two-piece clothing so your midsection can be easily accessed during the exam.

Your exam should take between 15 and 25 minutes to complete.

If you have any questions, please contact the office at 201-837-9449.

THANK YOU!