



## Consent Form for FibroScan Examination

I, \_\_\_\_\_, hereby authorize The LiverLab to perform a FibroScan examination on me. The LiverLab is not responsible to discuss the result with me or provide any diagnoses, medical treatment or medical advice to me. I understand it is my responsibility to have my doctor review the results of my FibroScan with me. If I am currently not under medical care of a doctor, I authorize The LiverLab to refer me to a doctor at my own discretion.

I have read and understand the foregoing.

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Patient/Guardian Signature

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Date