



# Bone Mineral Densitometry

*Leaders in Innovative Rural Health Care*

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**APPOINTMENT NECESSARY**

Booking Line: 705 457-1392 Ext.2381

**DATE TO BE DONE**

**BY/WITHIN** \_\_\_\_\_

- 2 Days
- 7 Days
- 10 Days

- Outpatient
- Inpatient
- RM \_\_\_\_\_

**Isolation Precautions**

- Not Required
- Airborne
- Droplet
- Contact

Date of Requisition: \_\_\_\_\_

Name: \_\_\_\_\_

Sex:  Male  Female

Healthcard: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_

CC Physician: \_\_\_\_\_

WSIB  No  Yes Injury Date \_\_\_\_\_

Claim #: \_\_\_\_\_

**Appointment Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**Exam Type:**

- Baseline (once per lifetime and patient over 65 years of age; or for younger patients, risk factor(s) must be checked below)
- High Risk Follow-Up (1 year + a day since previous; must check at least one risk factor below)
- Low Risk 2<sup>nd</sup> BMD (must be 36 months + a day since previous)
- Low Risk Follow-Up (3<sup>rd</sup> BMD and subsequent; must be 60 months + a day since previous)

**Date of Last exam:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Risk Factors (please check all that apply):**

- T-Score less than -1.0 on prior BMD
- Fragility fracture (spine, wrist, hip, pelvis)
- Systemic Glucocorticoid (Steroid) Use (for greater than 3 months)
- Other risk medications (please specify): \_\_\_\_\_
- Malabsorption syndrome
- Chronic inflammatory disease
- Vertebral fracture
- Low Body Mass (less than 60 kg)
- Significant weight loss
- Smoker
- Other (please specify): \_\_\_\_\_

**Relevant Clinical Information:** \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Physician's Printed Name: \_\_\_\_\_

Additional Report Copies To: \_\_\_\_\_



# Bone Mineral Densitometry

## **Patient Instructions for Bone Mineral Density (BMD) Test** **\*Please bring a list of medications to your appointment\***

There is no preparation required before your BMD scan. However, it is very important that you do not have a BMD scan within 7 days of having any of the following tests: a Barium Meal or Enema, a Nuclear Medicine study, or a contrast study (CT scan). Avoid wearing metal buttons or zippers over the mid-abdomen. A gown will be provided if necessary.

It is the responsibility of the patient to follow-up with their referring physician for the results of their examination.

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Please respect that the hospital supports a**FRAGRANCE FREE**environment.