Soldiers' MEMORIAL HOSPITAL Orillia

ISO 15189 Plus™ Accredited IQMH Diagnostic Imaging

REQUEST FOR

Bone Density Exam

• BY APPOINTMENT ONLY •

Tel: **705-327-9127** Outpatient Fax: **705-330-3224** Inpatient Fax: **705-325-0582**

PATIENT INFORMATION | MRN N°. | Isolation Status

☐ IN-PATIENT ☐ OUT-PATIENT ☐ ER ☐ AHF

Last Name	First Name	☐ M ☐ F

Date of Birth (D/M/Y)	Health Card N°.	WSIB N°.	3rd Party Ins. N°.

Address	City	Postal Code

Email Address	Contact Number	☐ OK to leave voice mail message

Patient is able to give consent for this procedure: ☐ Yes ☐ No

Does the patient have a glucose monitoring device? ☐ Yes ☐ No

If patient unable to give consent, please ensure SDM attends with the patient and has appropriate documentation.

☐ SDM Name: ☐ SDM Contact Information:

☐ Patient requires assistance to complete this imaging exam, *e.g. mobility, translation* Please Specify:

Weight (max 350lb): _____

Please specify the patient's fracture risk using prior BMD, FRAX or an equivalent tool (required):

☐ Low risk (< 10%) ☐ Medium risk (10%-15%) ☐ High Risk (> 15%)

SPECIFIC EXAM REQUIRED (check all that apply):

- ☐ Baseline Study (once per lifetime, never had BMD in Ontario)
- ☐ Subsequent Test (once every 60 months) *
  - ☐ Low or Medium Risk Patient
- ☐ Subsequent Test (once every 36 months) *
  - ☐ High Risk Patient
  - ☐ Therapy Monitoring
  - ☐ Risk factor for secondary osteoporosis consistent with Canadian clinical practice guidelines
  - ☐ New fragility fracture. Date of fragility fracture: _____
  - ☐ Other risk factor for rapid bone loss *
- ☐ Additional test /other risk factors (once every 12 months)
  - ☐ Hypercortisolism / Cushing's Syndrome
  - ☐ High-dose glucocorticoid therapy of >20mg Prednisone equivalent per day
  - ☐ Other risk factors *

CLINICAL QUESTION AND RELEVANT CLINICAL INFORMATION
(Must be provided and must be specific)

REQUIRED FOR ALL SUBSEQUENT TESTS

PREVIOUS EXAM DATE: PREVIOUS LOCATION:

Physician's Name (Please PRINT clearly)	Phone #	CPSO #
Address #	Billing # / Fax #	Physician's Signature

INCOMPLETE, ILLEGIBLE AND/OR UNSIGNED REQUISITIONS WILL BE RETURNED.