


BONE MINERAL DENSITY REQUISITION		Patient Information:	
 <p>Department of Diagnostic Imaging 310 Juliana Drive Woodstock, ON N4V0A4 Phone: 519-421-4204 Fax: 519-421-4241 Central Bookings Phone: 519-537-2381 Fax: 519-421-4238</p>	Name (Last, First): _____ DOB: _____ <input type="checkbox"/> M <input type="checkbox"/> F PIN: _____ <small>MMM DD YYYY</small> Address: _____ Phone Number (Home): _____ (Other): _____ Health Card Number: _____ Version Code: _____		
	Referring Physician or Other Authorized Health Care Provider		Most recent BMD scan (Date): _____ <small>MMM DD YYYY</small> Does this patient have special needs or impairments? (Please specify): _____ DOUBLE APPOINTMENT TIMES ARE REQUIRED FOR PEOPLE WITH SPECIAL NEEDS
Name (Please Print): _____ Phone: _____ Fax: _____ <div style="border: 1px solid black; padding: 5px; width: fit-content;"> Ordering Physician or Authorized Health Care Provider Signature: </div>		Patient must be able to weight bear for exam	
Copy to: _____			

BMD BOOKINGS CANNOT BE MADE UNLESS REQUISITION IS COMPLETED IN FULL
 Please submit completed requisition and all supporting documentation by fax to Central Bookings: 519-421-4238

Clinical Indication (reason for exam): Please select all that apply: <input type="checkbox"/> Anorexia Nervosa <input type="checkbox"/> Asymptomatic Primary Hyperparathyroidism <input type="checkbox"/> Corticosteroid Therapy <input type="checkbox"/> Chronic Renal Failure <input type="checkbox"/> Cushing's Syndrome <input type="checkbox"/> Estrogen Deficiency (female) <input type="checkbox"/> Height loss of more than 2 inches <input type="checkbox"/> Hyperthyroidism, Hyperparathyroidism <input type="checkbox"/> Malabsorption <input type="checkbox"/> Osteomalacia <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Ovarian or Testicular Hypofunction <input type="checkbox"/> Pre-transplant Evaluation <input type="checkbox"/> Prostate Cancer (male) <input type="checkbox"/> Radiographic Osteopenia <input type="checkbox"/> Renal Osteodystrophy <input type="checkbox"/> Rheumatoid Arthritis <input type="checkbox"/> Testicular Dysfunction (male) <input type="checkbox"/> Use of Depo Provera <input type="checkbox"/> Use of post breast cancer drug therapy <input type="checkbox"/> Vertebral Abnormality <input type="checkbox"/> Other _____	Medical Information Questionnaire: Must be completed in full: Yes No <input type="checkbox"/> <input type="checkbox"/> Do you have a family history of osteoporosis? <input type="checkbox"/> <input type="checkbox"/> Are you post-menopausal? - If yes, at what age was your last menstrual period? (Age) _____ <input type="checkbox"/> <input type="checkbox"/> Have you had your uterus removed (Hysterectomy)? - If yes, at what age was it removed? (Age) _____ <input type="checkbox"/> <input type="checkbox"/> Have you had either ovary removed (Oophorectomy)? - If yes, at what age was it removed? (Age) _____ <input type="checkbox"/> <input type="checkbox"/> Do you presently take estrogen or progesterone medications? <input type="checkbox"/> <input type="checkbox"/> Do you take thyroid medication regularly? <input type="checkbox"/> <input type="checkbox"/> Do you take prednisone or another steroid medication regularly? <input type="checkbox"/> <input type="checkbox"/> Did you ever fracture (break) your hip? <input type="checkbox"/> <input type="checkbox"/> Did you ever fracture (break) your spine? <input type="checkbox"/> <input type="checkbox"/> Did you ever fracture (break) your wrist? <input type="checkbox"/> <input type="checkbox"/> Have you had other fractures (breaks) since age 40? <input type="checkbox"/> <input type="checkbox"/> Have you had surgery on either of your hips? <input type="checkbox"/> <input type="checkbox"/> Have you had surgery on your spine?
Contraindications:	
<ul style="list-style-type: none"> Suspected pregnancy Within 5 days of scheduled appointment, administration of radiopaque contrast (such as barium for Upper GI study, Barium Enema, CT with barium) Within 3 days of scheduled appointment, administration of nuclear medicine radioactive isotope Weight restriction of 350 pounds on BMD unit If weight exceeds 350 pounds, a forearm scan ONLY can be performed 	
Note: Routine examinations include bone mineral density measurements of lumbar spine and proximal femur	

Appointment Date:	Appointment Time:
PLEASE BRING THIS REQUISITION AND YOUR HEALTH CARD Please see requirements and preparations for examination provided with requisition on page 2 To cancel or reschedule your appointment please call Central Bookings: 519-537-2381	



BONE MINERAL DENSITY PREPARATION

EXAM	PREPARATION	DURATION
<p>Bone Mineral Density (BMD)</p>	<ul style="list-style-type: none"> Do not take a calcium supplement or osteoporosis treatment (bisphosphonate) on the day of the exam until after your appointment (Continue your other medications as usual) Wear loose-fitting clothing with no buttons, zippers or metal (eg plain t-shirt, bra with no underwire) All abdominal piercings should be removed before arriving Bring a written list of your current medications, your requisition and health card Please arrive 20 minutes before your appointment time Check in at the Main Floor Reception in Diagnostic Imaging Department Late arrivals may be rebooked Please inform your technologist if you have: <ul style="list-style-type: none"> had any surgeries metallic plates, pins, screws or other implants a possibility of being pregnant <p>Exam Description For this exam, you will lie on a padded BMD table for a few minutes while the scanner (a mechanical arm-like device) passes over your body. It will not touch you. There is radiation emitted during this exam and the exposure during a BMD is commonly about one tenth of the amount emitted for a chest x-ray. During the procedure, it is important that you remain still. The technologist remains in the room during the scan.</p> <p>The radiologist will interpret the exam and the results will be sent to your physician within 3-5 working days. The results from the BMD will help determine your 10-year fracture risk. If treatment is necessary, the BMD results will assist your healthcare provider in making decisions about your treatment.</p>	<p>30 minutes</p> <p>60 minutes for patients with special needs</p>

PLEASE CONTACT YOUR ATTENDING PHYSICIAN FOR ANY QUESTIONS REGARDING YOUR MEDICATIONS
 To cancel or reschedule your appointment please call Central Bookings: 519-537-2381
 For any questions regarding BMD please call: 519-421-4204

Please be aware that this is a "Fragrance Free" facility

For more information on BMD procedures, please visit:

RadiologyInfo.org

<http://www.radiologyinfo.org/>

Canadian Association of Radiologists

<http://www.car.ca/en.aspx>

Osteoporosis Canada

<http://www.osteoporosis.ca>