


<b>BONE MINERAL DENSITY REQUISITION</b>		<b>Patient Information:</b>	
 <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: _____		
	<b>Referring Physician or Other Authorized Health Care Provider</b>		Most recent BMD scan (Date): _____ <small>MMM DD YYYY</small> Does this patient have special needs or impairments? (Please specify): _____ <b>DOUBLE APPOINTMENT TIMES ARE REQUIRED FOR PEOPLE WITH SPECIAL NEEDS</b>
Name (Please Print): _____ Phone: _____ Fax: _____ <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <b>Ordering Physician or Authorized Health Care Provider Signature:</b> </div>		<b>Patient must be able to weight bear for exam</b>	
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

<b>Clinical Indication (reason for exam):</b> 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 _____	<b>Medical Information Questionnaire:</b> Must be completed in full: <b>Yes No</b> <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?
<b>Contraindications:</b>	
<ul style="list-style-type: none"> <li>Suspected pregnancy</li> <li>Within 5 days of scheduled appointment, administration of radiopaque contrast (such as barium for Upper GI study, Barium Enema, CT with barium)</li> <li>Within 3 days of scheduled appointment, administration of nuclear medicine radioactive isotope</li> <li>Weight restriction of 350 pounds on BMD unit</li> </ul>	
<b>Note:</b> Routine examinations include bone mineral density measurements of lumbar spine and proximal femur	

<b>Appointment Date:</b>	<b>Appointment Time:</b>
<b>PLEASE BRING THIS REQUISITION AND YOUR HEALTH CARD</b> 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><b>Bone Mineral Density (BMD)</b></p>	<ul style="list-style-type: none"> <li>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)</li> <li>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</li> <li><b>Bring a written list of your current medications, your requisition and health card</b></li> <li>Please arrive 20 minutes before your appointment time Check in at the Main Floor Reception in Diagnostic Imaging Department Late arrivals may be rebooked</li> <li>Please inform your technologist if you have:               <ul style="list-style-type: none"> <li>had any surgeries</li> <li>metallic plates, pins, screws or other implants</li> <li>a possibility of being pregnant</li> </ul> </li> </ul> <p><b>Exam Description</b> 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>