



200 Fletcher Crescent
Alliston, Ontario L9R 1W7
Tel: 705-435-3377 Ext. 1298

Please DO NOT cover up Referring Physician information

Referring Physician: _____
 CPSO# _____ Signature: _____
 Address: _____
 Office Phone: _____ Office Fax: _____
 Date: ____/____/____

BONE MINERAL DENSITY (BMD) REQUISITION

Please Fax to 705-434-5126

Patient Name: (print) _____		Date of Birth: (dd/mm/yy) ____/____/____
Address: _____		Patient Weight: _____ kg
Health Card Number: _____	Version Code: _____	Cell: ()
Other Insurance: _____	Email: _____	Home: ()
Patient DOES NOT consent to being contacted via <input type="checkbox"/> Text <input type="checkbox"/> Email (for patient privacy information see the next page)		
Patient not available: From: (dd/mm/yy) ____/____/____ To: (dd/mm/yy) ____/____/____		
Hoyer Lift required? <input type="checkbox"/> Yes <input type="checkbox"/> No		Patient arriving by Ambulance Transfer? <input type="checkbox"/> Yes <input type="checkbox"/> No
[NB: Consent to send copies can be implied if the recipients will be involved in ongoing follow-up care] I have obtained verbal or implied consent to send copies or results/notes to: <input type="checkbox"/> Family Doctor _____		

Relevant Clinical Information: (must be provided and please be specific)

REASON FOR EXAM

- Baseline BMD**
Limited to **one test in a lifetime**
- Low Risk BMD**
 - Patient has previous BMD scan(s)
 - No new clinical concerns
 - Eligible every 60 months
- High Risk BMD – 12-Month Recheck**
Indicate qualifying condition (check all that apply):
 - Hypercortisolism / Cushing's syndrome
 - High-dose glucocorticoid therapy (> 20mg prednisone-equivalent daily) must indicate the following:
 Dose: _____
 Duration: _____
- High Risk BMD – Every 36 Months**
Indicate reason(s) (check all that apply):
 - FRAX >15% or CAROC high risk
 - Risk factor for rapid bone loss – must indicate reason per *Ministry of Health guidelines*: _____
 - New Fragility fracture
 - Secondary osteoporosis – must indicate reason per *Ministry of Health guidelines*: _____
 - Osteoporosis pharmacotherapy monitoring – 36+ months since starting or stopping therapy

Additional Clinical Notes

PREVIOUS STUDIES

Has the patient had a previous BMD? Yes No If yes, please provide the date of the previous exam(s) ____/____/____

Patient preparations and information on reverse side.
 Incomplete requisitions will be returned and may result in a delay in service to your patient.



BONE MINERAL DENSITY REQUISITION (BMD) Patient Preparations

Patient Preparations:

- Do not take calcium supplement within 24 hours before the test
- Wear clothing without metal buttons, belts or zippers
- No barium or nuclear tests in the week before the test

ABOUT BONE MINERAL DENSITOMETRY (BMD) TESTING

Why Bone Mineral Densitometry testing?

- To establish a baseline for BMD.
- To detect low bone density before a fracture occurs.
- To confirm a diagnosis of osteoporosis.
- To monitor the effects of treatment over time.

BMD Testing is safe and easy

A BMD test is simple, safe, non-invasive, and painless – you don't even need to undress in most cases. Some common questions about BMD tests are:

Is a BMD test the same as a bone scan?

No. A bone scan – which may help identify certain bones abnormalities such as infection, inflammation, and cancer – requires an injection of radioactive material. A BMD test requires no special preparation, medication, or injection.

How much radiation will I be exposed to?

You will be exposed to very little radiation. As with any procedure, be sure to inform your physician if you are pregnant.

