

Your Appointment is:

Date: _____

Time: _____

**Please arrive 15 minutes early.
Read patient exam prep below.**

Patient: _____ Birth date: _____

Address: _____ Patient phone: _____

City: _____ Postal Code: _____

Gender: M F PHN: _____

BILLABLE TO: MSP ICBC WCB PATIENT OTHER: _____

Pt Weight Kg	Pt Height Cm	Is the Patient Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ambulatory OR <input type="checkbox"/> Wheelchair Mobility Assistance Required? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain
Previous Bone Densitometry <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: mm / dd / yyyy	Location:	
Previous Spinal or Hip Surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, was metal implanted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Post-Menopausal? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what was the age of menopause? Age: _____		

- Referring physicians must checkmark the indication that complies with MSP guidelines.
- MedRay does not accept pediatric patients (20 years old and under). Referrals may be directed to an alternate site.
- For BMD Guidelines and protocols refer to Osteoporosis: Diagnosis Treatment and Fracture Prevention at www.bcguidelines.ca
- 10 Year Fracture Risk can be determined using FRAX calculator at www.shef.ac.uk/FRAX
- Comparison studies should be performed on same Densitometry Unit.

BASELINE DIAGNOSTIC BONE DENSITOMETRY

BMD is covered by MSP if it is likely to alter treatment for patients who are at moderate to high risk of fracture as per the BC Guidelines. One of the following **MUST** be checked:

- Moderate Risk (10 - 20% 10-year fracture risk)
- High Risk (>20% 10-year fracture risk)
- Recent Hip Fracture Date: _____
- History of Fragility Fracture Site: _____ Date: _____

ONGOING MONITORING (FOLLOW-UP) BMD MEASUREMENTS

Based on a patient's risk profile, follow-up BMD may be indicated in 3-10 years.

- More than 3 years since prior Bone Density exam.
- Repeating BMD exams are not considered medically necessary by MSP prior to 3 years unless
 - Patient is receiving ≥ 7.5 mg Prednisone daily for 3 consecutive months. Requires baseline exam and repeat scans at 6-month intervals while on treatment.
 - Moderate and high-risk patients on OP medications with multiple risk factors and BMD exam is likely to alter patient management.
Name of OP med: _____ Duration: _____
 - Patient is on medications that may cause bone loss.
Name of med: _____ Duration: _____
 - Monitoring patient with primary hyperparathyroidism.

SCREENING BONE DENSITOMETRY

This is a non-insured service for indications that are not covered by MSP

- The patient would like to proceed with the exam and pay privately

FRAGILITY FRACTURE HISTORY AGE AT WHICH FRACTURE OCCURRED

PART	AGE
Hip	
Spine	
Shoulder	
Wrist	
Other	

Please select the following FRAX risk factors:

- Parent Hip Fracture
- Current tobacco user
- Glucocorticoids (≥ 5.0 mg Prednisone daily for 3 consecutive months)
- Rheumatoid Arthritis
- Secondary Osteoporosis
- Alcohol (3 or more units/day)

Exam Preparation

- Please wear loose-fitting clothing free of metal or plastic parts.
- Do not take calcium supplements or antacids within 24 hours before your exam.
- Bring an interpreter or mobility assistant if needed.
- **Failure to cancel your appointment at least 24 hours in advance may result in a \$75 charge.**

Requesting Physician Signature: _____

Name (print): _____

Phone: _____

Copies to: _____