

Time Out:

For internal use only.

For Internal Use only:

Date Booked: \_\_\_\_\_  
 Booking Location: \_\_\_\_\_  
 Appointment Time: \_\_\_\_\_

Site Preference: \_\_\_\_\_

### Bone Densitometry Consultation Request

Requisition will be returned if the following information is not provided.

PATIENT INFORMATION Telephone 2: (902) 555-1729 cell

0001 000 009 Health Card # 1982/03/14 DOB: YYYY/MM/DD

<u>Sample</u>	<u>Patient</u>	<u>B</u>	<u>(902) 555-0248</u>
Surname	First Name	Initial	Telephone
<u>123 Main St. Apt. 218</u>	<u>Dartmouth, NS</u>	<u>B2B2B2</u>	
Address	City	Postal Code	

MRSA/VRE Positive?  Y  N

WCB # (where applicable) \_\_\_\_\_

Mode of Transport:  Ambulatory  Chair  Stretcher  Portable

If exam is for research purposes, provide Account #: \_\_\_\_\_

COPY TO: DR. FAMILY PHYSICIAN

PATIENT IDENTIFICATION (For internal use only)

**MAJOR RISK FACTORS WHICH INFLUENCE FRACTURE RISK**

1. **Fragility Fracture\* (including vertebral fractures)**  Y  N  
 If yes, please list all sites: \_\_\_\_\_  
 \*Defined as a fracture after age 40 that occurs spontaneously or after minor trauma such as a fall from standing height or less, EXCLUDING craniofacial, hand, ankle, and foot fractures. Does NOT include pathologic fractures (for example through bone metastases) or stress fractures (due to repeated stress through normal bone, as may occur in runners for example).

2. **Steroid Use** (At least 3 months cumulative therapy in the previous year at a prednisone equivalent dose ≥ 7.5mg daily)  Y  N

**INDICATION FOR STUDY (mandatory for first study)** (CMAJ 2010 Nov 23; 182(17):1864-1873)

Age ≥ 65 yr (both women and men): age is sufficient indication  Age < 50 yr: clinical risk factors:

<input type="checkbox"/> Age 50-64 (menopausal women, men): clinical risk factors: <input type="checkbox"/> Fragility fracture after age 40 yr <input type="checkbox"/> Prolonged use of glucocorticoids* <input type="checkbox"/> Use of other high-risk medications <sup>†</sup> <input type="checkbox"/> Parental hip fracture <input type="checkbox"/> Vertebral fracture or osteopenia identified on radiography <input type="checkbox"/> Current smoking <input type="checkbox"/> High alcohol intake <input type="checkbox"/> Low body weight (< 60kg) or major weight loss (> 10% of body weight at age 25 yr) <input type="checkbox"/> Rheumatoid arthritis <input type="checkbox"/> Other disorders strongly associated with osteoporosis: _____	<input type="checkbox"/> Fragility fracture <input type="checkbox"/> Prolonged use of glucocorticoids* <input type="checkbox"/> Use of other high-risk medications <sup>†</sup> <input type="checkbox"/> Hypogonadism or premature menopause (age < 45yr) <input type="checkbox"/> Malabsorption syndrome <input checked="" type="checkbox"/> Primary hyperparathyroidism <input type="checkbox"/> Other disorders strongly associated with rapid bone loss and/or fracture
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<sup>†</sup> At least 3 months cumulative therapy in the previous year at a prednisone-equivalent dose ≥ 7.5mg daily.  
<sup>†</sup> For example, aromatase inhibitors or androgen deprivation therapy.

**FOR FOLLOW UP STUDIES**

Site (must be same as previous to allow comparison): \_\_\_\_\_ Requested Date: \_\_\_\_\_

**COMMENTS**

Currently on osteoporosis-specific medications, such as bisphosphonates:  Y  N

Surgery or bone disease of the hips or lumbar spine? For compression fracture, specify level: \_\_\_\_\_

Other comments: *Tortor ut ligula fermentum faucibus. Proin portitor sagittis mi sed auctor. Integer non tellus a velit tempus tristique dictum ut lacus. Pellentesque vulputate nunc a sem congue consectetur. Sed mol.*

**REQUESTING PHYSICIAN INFORMATION**

Physician's Name: DR. REQUESTING PHYSICIAN Signature: \_\_\_\_\_  
 Telephone: (902)111-1111 Fax: (902)222-2222 Date: (YYYY/MM/DD) 2014/05/28

