North Shore Medical Imaging

MRI | X-Ray | Mammography | Ultrasound | Bone Density

West Vancouver

Hollyburn Medical Centre 110 - 575 16th Street West Vancouver, BC V7V 4Y1 Tel: 604 922 9141

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BONE DENSITY REQUISITION

Doctor stamp

W	book an appointment nen booking your exan thin the past 3 weeks.	nination, please i	987 9729 or 60 of form the reception	4 922 91 onist if yo	.41 We require your u have had a bariun	BC CareCard nun or nuclear med	<i>umber at this time</i> licine study	
Dr:				ng #:		Date:		
Cli	nic:							
Ad	ditional copy to:						H.	
Pa	tient Name Last:		First:					
Address:						Postal Code:		
Ph	one:							
Date of Birth: (dd/mm/yy)						☐ Male ☐ Female		
Pe	rsonal Health Numbe	er (BC CareCard):						
APPOINTMENT: Date:				Time:				
	RTINENT HISTORY	Date.			iiiic.			
Pre	evious lumbar spine x-ra Yes No	ys Location	Date	Previous	s bone densitometry	Location	Date	
EX	AMINATION REQUE	STED:						
□ SCREENING BONE MINERAL DENSITOMETRY (BMD) Payment is the responsibility of the patient. BMD is NOT insured for:								
					 Investigation of chi Investigation of example 	f chronic back pain f exaggerated dorsal kyphosis		
	DIAGNOSTIC BMD BMD is only indicated if it is likely to alter treatment and is considered an MSP insured service for patients with moderate or higher risk of fracture, as outlined in the Osteoporosis Guideline at www.bcguidelines.ca. The risk can be determined using the FRAX calculator at www.shet.ac.uk/FRAX							
	Risk factors include: • Age > 65 years • Previous fragility fractures • Having a parent with fractured hip			• Rheu	ent smoking Imatoid Arthritis ocorticoids	Secondary OsteoporosisAlcohol consumption > 3 units/day		
1	Check One ☐ Moderate Risk (10 - 20% 10 year fi☐ High Risk (> 20% 10 year fracture					☐ Recent Hip Fracture ☐ History of Fragility Fracture		
	Follow-up BMD Mea There is insufficient et medications, repeat B 3 years after the origin	vidence to recommon MD exams are not	justified based on c	urrent evic	lence and not conside			
	The following exceptions apply: ☐ Patients receiving ≥ 7.5 mg prednisone daily, or its equivalent for three months consecutively who require a baseline examination and repeat scans at six month intervals while on treatment.							
	□ Patients in whom an early exam may be indicated: moderate or high risk patients on OP medications with multiple risk factors and test is likely to alter patient management.							

Clinic stamp