



X-RAY FACILITY ADDRESS Downtown Radiology / Robson Sq. clinic #820 - 777 Hornby Street, Vancouver, BC, V6Z 1S4 Appointments: (604) 688-9428	X-RAY USE ONLY
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BILLABLE TO: <input type="checkbox"/> MSP <input type="checkbox"/> ICBC <input checked="" type="checkbox"/> WORKSAFEBC <input checked="" type="checkbox"/> PATIENT <input checked="" type="checkbox"/> OTHER:	NAME OF PHYSICIAN & MSP PRACTITIONER NUMBER (or office stamp)
PERSONAL HEALTH NUMBER _____ DOB: YYYY / MM / DD _____	
SURNAME OF PATIENT _____ FIRST NAME AND MIDDLE INITIAL _____	
TELEPHONE # (INCLUDE AREA CODE) _____ GENDER <input checked="" type="checkbox"/> M <input type="checkbox"/> F PREGNANT <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ADDRESS _____ CITY/TOWN _____ POSTAL CODE _____	
COPY RESULTS TO: _____	

APPOINTMENT DATE _____	APPOINTMENT TIME _____
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PERTINENT HISTORY

PREVIOUS BONE DENSITOMETRY <input type="checkbox"/> YES <input type="checkbox"/> NO	LOCATION _____	DATE _____
PREVIOUS LUMBAR SPINE X-RAYS <input type="checkbox"/> YES <input type="checkbox"/> NO	LOCATION _____	DATE _____

EXAMINATION REQUESTED

SCREENING BONE MINERAL DENSITOMETRY (BMD)

- Payment is the responsibility of the patient. BMD is NOT insured for:
- Routine screening of men and women less than 65 years of age
 - Part of routine screening around time of menopause
 - Investigation of chronic back pain
 - Investigation of 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.shef.ac.uk/FRAX
- Risk factors include:
- | | | |
|--------------------------------------|------------------------|-------------------------------------|
| • Age > 65 | • Current smoking | • Secondary Osteoporosis |
| • Previous fragility fractures | • Rheumatoid Arthritis | • Alcohol consumption > 3 units/day |
| • Having a parent with fractured hip | • Glucocorticoids | |

Check One:

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

Follow-Up BMD Measurements

There is insufficient evidence to recommend testing frequency for patients not taking OP medications. For patients on OP medications, repeat BMD exams are not justified based on current evidence and not considered medically necessary prior to **3 years** after the original measurement and only if it is likely to alter patient management.

The following exceptions may apply:

- Patients receiving ≥ 7.5 mg prednisone daily, or its equivalent for 3 months consecutively who require a baseline examination and repeat scans at 6 month intervals while on treatment.
- Patients in whom an early exam may be indicated: moderate and high risk patients on OP medications with multiple risk factors and test is likely to alter patient management.

TELEPHONE REQUISITION TIME _____	INITIALS OF RECORDER _____	DATE SIGNED (YYYY / MM / DD) _____	SIGNATURE OF REQUESTING PHYSICIAN _____
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