SouthlakeHealth

Medical Arts Building
Diagnostic Imaging Centre
581 Davis Drive, Level 3
Newmarket, ON L3Y 2P6

Diagnostic Imaging MAB

Health Record #: _____ Complete or place barcoded patient label here
Patient Name: *(Print first, last)* _____
DOB: dd / mm / yy Age: _____ ❑ Female ❑ Male
OHIP #: _____ Version Code: _____
Account #: _____ Date of Admission: dd / mm / yy

Bone Mineral Density Requisition

Please fax to (905) 830-5981

Patient Name: *(print first, last)*		**Date of Birth:** dd / mm / yy
Address: Street Number + Name Apartment		**Patient Weight:** _____ **kg**
City Province Postal Code		**Cell:** ( )
Health Card Number:	**Version Code:**	**Home:** ( )
Other Insurance:	**Email:**	

Patient DOES NOT consent to be contacted via: ☐ Text ☐ Email (for patient privacy information see the next page)

Patient not available: From: dd / mm / yy To: dd / mm / yy

Hoyer Lift Required? ☐ Yes ☐ No **Patient arriving by Ambulance Transfer?** ☐ Yes ☐ 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: ☐ Family Doctor _____

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

Exam Required

Reason for Exam:

☐ Baseline BMD (Limited to one test in a lifetime)

☐ Low Risk BMD (pts with pervious BMD testing are limited to a second test 3 years later and then every 5 years subsequently)

☐ High Risk BMD
Please provide reason patient is considered high risk:

Previous Studies

Has the patient had a previous BMD? ☐ Yes ☐ No
If yes, please provide the date of the previous exam(s): (dd/mm/yy)

PATIENT PREPARATIONS AND INFORMATION ON REVERSE SIDE. INCOMPLETE REQUISITIONS WILL BE RETURNED AND MAY RESULT IN A DELAY IN SERVICE TO YOUR PATIENT

Referring Physician: *(print first, last):* _____ Signature _____ Date dd / mm / yy

SBMD

SL2764HIS_01 (11/24) "Bone Mineral Density Requisition" (11/27)

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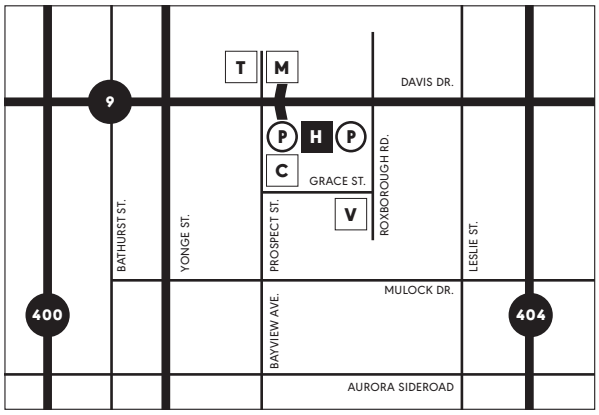
Bone Mineral Density Patient Preparation and Information

- Navel piercings must be removed
- Refrain from taking calcium pills for 24 hours prior to your appointment



Location Map

- V — Southlake Village, 640 Grace Street
- C — Stronach Regional Cancer Centre
- M — Medical Arts Building, 581 Davis Drive
- T — The Tannery Mall, 465 Davis Drive
- Southlake Health Foundation, 581 Davis Drive
- P — Parking
- H — Southlake Health
- (— Bridge over Davis Drive – accessible from P3 of the Parking Garage and Level 3 of the Medical Arts Building.

PRIVACY POLICY DOCUMENTATION
via QR code link below or via Southlake's privacy office webpage

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