

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

Diagnostic Imaging MAB

*Please DO NOT cover Referring Physician information*

Referring Physician: (print first, last): \_\_\_\_\_  
 CPSO# \_\_\_\_\_ Signature: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_  
 Date: dd / mm / yy

## Bone Mineral Density Requisition

*Please fax to (905) 830-5981*

<b>Patient Name:</b> (print first, last)			<b>Date of Birth:</b> <u>dd</u> / <u>mm</u> / <u>yy</u>
<b>Address:</b>	Street Number + Name	Apartment	<b>Patient Weight:</b> _____ kg
	City	Province	<b>Cell:</b> ( )
		Postal Code	<b>Home:</b> ( )
<b>Health Card Number:</b>		<b>Version Code:</b>	
<b>Other Insurance:</b>		<b>Email:</b>	
<b>Patient DOES NOT consent to be contacted via:</b> <input type="checkbox"/> Text <input type="checkbox"/> Email (for patient privacy information see the next page)			
<b>Patient not available:</b> From: <u>dd</u> / <u>mm</u> / <u>yy</u> To: <u>dd</u> / <u>mm</u> / <u>yy</u>			
<b>Hoyer Lift Required?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Patient arriving by Ambulance Transfer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>[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:</i> <input type="checkbox"/> Family Doctor _____			
<b>Relevant Clinical Information:</b> (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 previous 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**

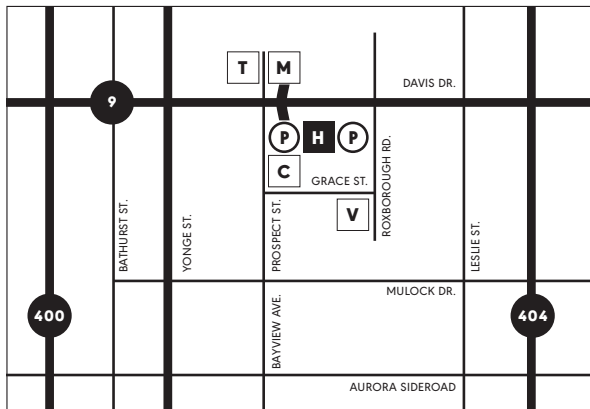


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## Bone Mineral Density Patient Preparation and Information

- 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
  - M** Medical Arts Building, 581 Davis Drive
  - H** Southlake Health
  - C** Stronach Regional Cancer Centre
  - T** The Tannery Mall, 465 Davis Drive
  - P** Parking
- 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