

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

Diagnostic Imaging MAB

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> <i>(print first, last)</i>			<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	Postal Code
<b>Health Card Number:</b>	<b>Version Code:</b>		<b>Cell:</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 <i>(for patient privacy information see the next page)</i>			
<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> <i>(must be provided and please be specific)</i>			

### 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**



## Medical Arts Building

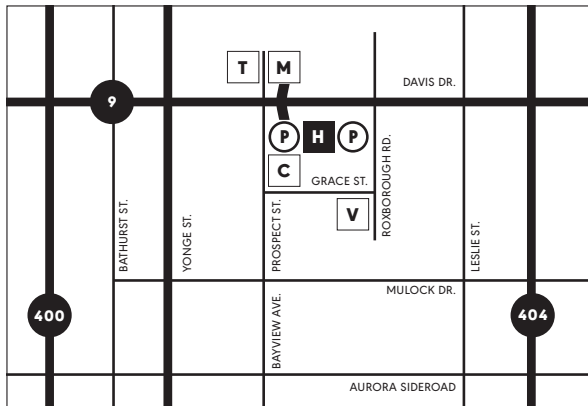
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## Bone Mineral Density Patient Preparation and Information


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

### PATIENT INFORMATION:

- Bring your Ontario Health Card.
- Bring the requisition (if one was provided to you by your referring physician). *Diagnostic Imaging cannot perform any procedures without a requisition signed by a Physician or Nurse Practitioner, except for the Ontario Breast Screening Program.*
- Upon arrival you are required to register for your appointment at one of our Welcome Centres before proceeding to Diagnostic Imaging Reception. There is a Welcome Centre located at the Medical Arts Building.
- If you are unable to keep your appointment, please call patient scheduling at 905-895-4521, ext 2665.



### Location Map

- |   |   |
|---|---|
| <b>V</b> Southlake Village,<br>640 Grace Street   | <b>C</b> Stronach Regional<br>Cancer Centre   |
| <b>M</b> Medical Arts Building,<br>581 Davis Drive  | <b>T</b> The Tannery Mall,<br>465 Davis Drive |
| Southlake Health Foundation,<br>581 Davis Drive   | <b>P</b> Parking                              |
| <b>H</b> Southlake Health   |   |
|  Bridge over Davis Drive - accessible from P3 of the<br>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