

**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**

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

### REASON FOR EXAM

- Baseline BMD**  
 Limited to **one test in a lifetime**
- Low Risk BMD**
  - Patient has **previous BMD scan(s)**
  - **No new clinical concerns**
  - Eligible **every 60 months**
- High Risk BMD - 12-Month Recheck**  
**Indicate qualifying condition (check all that apply):**
  - Hypercortisolism / Cushing's syndrome
  - High-dose glucocorticoid therapy (> 20 mg prednisone-equivalent daily) must indicate the following:  
 Dose: \_\_\_\_\_  
 Duration: \_\_\_\_\_
  - Clinical Indication \_\_\_\_\_
- High Risk BMD - Every 36 Months**  
**Indicate reason(s) (check all that apply):**
  - FRAX >15% or CAROC high risk
  - Risk factor for rapid bone loss - must indicate reason per *Ministry of Health guidelines*: \_\_\_\_\_
  - New fragility fracture
  - Secondary osteoporosis - must indicate reason per *Ministry of Health guidelines*: \_\_\_\_\_
  - Osteoporosis pharmacotherapy monitoring - 36+ months since starting or stopping therapy

### 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**

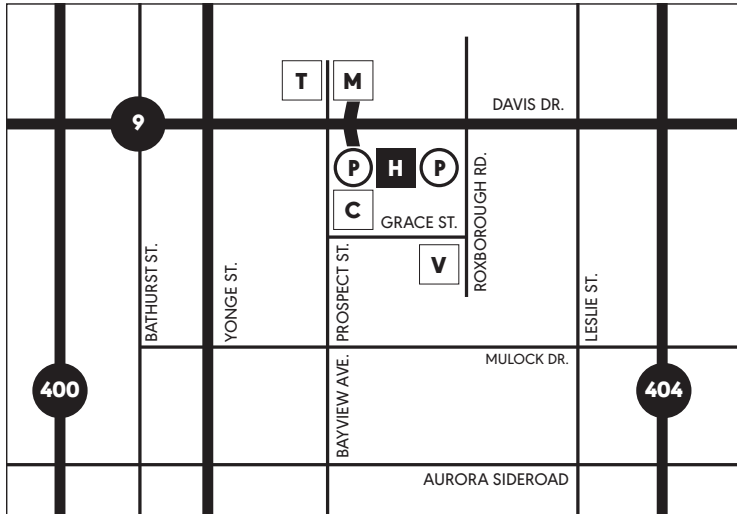


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## Bone Mineral Density Patient Preparation and Information

- 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
- 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