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 Phone 1-866-226-6143 Fax 1-866-236-8030
 www.prohealthcr.ca

NAME OF REFERRING PHYSICIAN & MSP PRACTITIONER NUMBER
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BONE DENSITOMETRY REQUISITION

(Fill in this requisition; fax to Prohealth; Prohealth will contact patient and make an appointment)

BILLABLE TO: <input type="checkbox"/> MSP <input type="checkbox"/> PATIENT	PATIENT LABEL OR ADDRESSOGRAPH		
PERSONAL HEALTH NUMBER			
PATIENT SURNAME FIRST NAME INITIAL			
DATE OF BIRTH (DD/MM/YYYY)			
GENDER PREGNANT? <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y <input type="checkbox"/> N			
TELEPHONE NUMBER ()	COPY RESULTS TO:		
ADDRESS	CITY	POSTAL CODE	
PREVIOUS BONE DENSITOMETRY? Y N		DATE & LOCATION:	
EXAMINATION REQUESTED <input type="checkbox"/> PATIENT-PAY BONE DENSITOMETRY For patients who do not qualify for MSP-funded examinations <input type="checkbox"/> MSP-FUNDED BONE DENSITOMETRY (Females & Males) Examination will be at 2 sites (hip/spine/radius) unless otherwise specified. The patient has risk factor/s for osteoporosis and examination is likely to alter care. Risk factors include age ≥ 65 years, past fracture (any vertebral or other fracture after age 40 years), a family history of osteoporotic fracture, glucocorticoid, anticonvulsant, aromatase inhibitor or heparin therapy, malabsorption, hyperparathyroidism, early menopause, low dietary calcium, current or past smoking, weight loss, rheumatoid arthritis, excessive alcohol or caffeine intake, hypogonadism, or weight < 57 kg. For full Guidelines please go to http://www.bcguidelines.ca			
FOLLOW-UP BONE DENSITOMETRY (please check the appropriate box) <input type="checkbox"/> Routine testing is a benefit of MSP every 2 years. More frequent testing is an MSP benefit if one of the following applies: <ul style="list-style-type: none"> <input type="checkbox"/> Patient on corticosteroid therapy. <input type="checkbox"/> Patient with existing fractures. <input type="checkbox"/> Patient with very low bone density. 			
TELEPHONE REQUISITION TIME	INITIALS OF RECORDER	DATE SIGNED (DD/MM/YYYY)	SIGNATURE OF PHYSICIAN

- PATIENT INSTRUCTIONS:**
1. Clothes with no metal hooks, zippers or buttons and bras without underwire are ideal.
 2. Do not take calcium supplements on the day of the examination.
 3. Patients should not have had a bowel x-ray or nuclear medicine test in the last 3 weeks.
 4. Those who are pregnant or have communicable diseases will not be scanned.