

Your Appointment is:

Date: _____

Time: _____

**Please arrive 15 minutes early.
Read patient exam prep below.**

Patient: _____ Birth date: _____

Address: _____ Patient phone: _____

City: _____ Postal Code: _____

Gender: M F PHN: _____

Pt Weight Kg	Is the Patient Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ambulatory OR <input type="checkbox"/> Wheelchair Mobility Assistance Required? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain
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Previous Bone Densitometry <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: mm / dd / yyyy	Location
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Previous Spinal or Hip Surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, was metal implanted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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- Referring physician must checkmark the indication that complies with MSP guidelines.
- Medray does not accept pediatric patients. Referrals may be directed to an alternate site
- for BMD Guidelines and protocols refer to Osteoporosis: Diagnosis Treatment and Fracture Prevention at www.bcguidelines.ca
- 10 Year Fracture Risk can be determined using FRAX calculator at www.shef.ac.uk/FRAX
- Comparison studies should be performed on same Densitometry Unit.

BASELINE DIAGNOSTIC BONE DENSITOMETRY

BMD is covered by MSP if it is likely to alter treatment for patients who are at moderate to high risk of fracture as per the BC Guidelines. One of the following MUST be checked:

- Moderate Risk (10 - 20% 10 year fracture risk)
- High Risk (>20% 10 year fracture risk)
- Recent Hip Fracture Date: _____
- History of Fragility Fracture Site: _____ Date: _____

FRAGILITY FRACTURE HISTORY
AGE AT WHICH FRACTURE OCCURED

PART	AGE
Hip	
Spine	
Shoulder	
Wrist	
Other	

ONGOING MONITORING (FOLLOW-UP) BMD MEASUREMENTS

Based on a patient's risk profile, follow-up BMD may be indicated in 3-10 years.

- More than 3 years since prior Bone Density exam.
- Repeat BMD exams are not considered medically necessary by MSP prior to 3 years unless
- Patient is receiving ≥ 7.5 mg Prednisone daily for 3 consecutive months. Requires baseline exam and repeat scans at 6 month intervals while on treatment.
- Moderate and high risk patients on OP medications with multiple risk factors and BMO exam is likely to alter patient management.
Name of OP med: _____ Duration: _____
- Patient is on medications that may cause bone loss.
Name of med: _____ Duration: _____
- Monitoring patient with primary hyperparathyroidism. Medray can not perform forearm measurement. Please send to RCH.

SCREENING BONE DENSITOMETRY

This is a non-insured service for indications that are not covered by MSP

- The patient would like to proceed with the exam and pay privately

Requesting Physician Signature: _____

Name (print): _____

Phone: _____

Copies to: _____

Exam Preparation

- do not take calcium supplements 24 hours before your exam
- please wear pull-on pants
- women do not wear an underwire bra

Failure to cancel an appointment without 24 hours notice may result in a \$50 patient charge.