



BONE DENSITOMETRY REQUISITION



DIXX103805C

REV: July 3/13

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ARH BC Women's JPOCSC LGH
 RCH SPH VGH
 Appt Date: _____ Time: _____
 Interpreter needed? Yes No
 Language: _____
 Infection Control Precautions? Yes No
 Specify Type: _____

Date Ordered	Date Required	Date Received
Gender M F	Surname	First Name
Address		
City		Home Phone
Date of Birth (dd/mm/yy)		Work Phone
Medical Plan Number		WCB / ICBC Claim Number
<input type="checkbox"/> MSP <input type="checkbox"/> WCB <input type="checkbox"/> ICBC <input type="checkbox"/> PATIENT <input type="checkbox"/> OTHER _____		

Please arrive 20 mins early for registration and parking

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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BONE DENSITOMETRY REQUISITION

Previous Bone Densitometry <input type="checkbox"/> Yes <input type="checkbox"/> No	Location: _____	Date: _____
Previous Lumbar Spine X-rays <input type="checkbox"/> Yes <input type="checkbox"/> No	Location: _____	Date: _____

- Referring physician must checkmark the indicator that complies with MSP guidelines.
- Not all sites accept pediatric patients; pediatric referrals may be redirected 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 the 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) Recent Hip Fracture
 High Risk (> 20% 10 year fracture risk) History of Fragility Fracture

Patient History: Please provide risk factors, therapies and other appropriate history:

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 a 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 BMD exam is likely to alter patient management.
Name of OP med: _____
 Patient is on medications that may cause bone loss.
Name of med: _____
 Monitoring patients with primary hyperparathyroidism

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: _____ M.D.
 Name (Print): _____ Billing #: _____
 Phone: _____ Fax: _____
 Copies To: _____

WHAT IS BONE DENSITY MEASUREMENT?

Bone density measurement is a diagnostic test used to measure the amount of mineral in bones. The most commonly used test is dual energy x-ray absorptiometry (DEXA). It involves lying on a table for 10- 20 minutes while a low dose x-ray beam scans your spine, hip or both. The test involves no pain and no known risk other than minimal radiation exposure.

EXAM PREPARATION:

- Contrast or Nuclear Medicine Exams should not be performed within 10 days prior to appointment date
- Do not take any Calcium Supplements, Antacids, or Multivitamins for 24 hours prior to exam.
- Wear pants, shorts or a skirt with an elastic or drawstring waist. No snaps, buttons or zippers. You may be required to change into a gown and pants.
- Do not use perfume, scents or fragrances of any kind.

RESULTS:

- After the technologist processes your Bone Density results, they are given to the Radiologist, a specialist, who will study and interpret them. Results will not be given to you on the day of your exam. A written report will be sent to your physician.

PARKING:

- Pay parking is available at the hospital, payable using \$1 and/or \$2 coins or credit card.
- Please leave plenty of time for parking, for sites in busy centres it may take more time to find parking
- For more parking information and parking rates please visit the webpage
 - ARH, JPOCSC, RCH: www.fraserhealth.ca
 - BC Women's: www.bcwomens.ca
 - St Paul's: www.providencehealthcare.org
 - VGH, LGH: www.vch.ca

NOTE:

- Children are not allowed in exam rooms. Please make alternate childcare arrangements.
- For appointment changes or questions, please call the Medical Imaging department where your exam is booked.

ADDITIONAL INFORMATION:

For various perspectives on osteoporosis and bone density testing, contact the following:

- The Osteoporosis Society of Canada
www.osteoporosis.ca
1-800-463-6842
- Osteoporosis and Fracture Prevention A Guide for Patients
www.bcguidelines.ca
- Healthlink BC
www.healthlinkbc.ca

Please Fax the request to:

Abbotsford Regional Hospital, Medical Imaging: 604-851-4904
BC Women's and Children's Hospital, Vancouver, Medical Imaging: 604-875-2367
Jim Pattison Outpatient Care and Surgery Centre, Surrey, Medical Imaging: 604-582-3766
Lions Gate Hospital, North Vancouver, Nuclear Medicine: 604-984-5781
Royal Columbian Hospital, New Westminster, Medical Imaging: 604-523-8811
St Paul's Hospital, Vancouver, Nuclear Medicine: 604 806 8075
Vancouver General Hospital, Nuclear Medicine: 604-875-5009