Alexandra Hospital Ingersoll
Tillsonburg District Memorial Hospital
Partnering to keep healthcare close to home.

BONE MINERAL DENSITY (BMD) REQUISITION

Tillsonburg District Memorial Hospital (TDMH)

TDMH Scheduling/Bookings Contact:

Phone: 519-842-6335 Fax: 519-842-4299

Referring Physician or Other Authorized Health Care Provider

Name (Please Print): _____

Phone: _____

Fax: _____

Provider Billing #: _____

Provider Signature: _____

Copy to: _____

Date of Referral (YYYY/MM/DD): _____

Patient Information:

Name (Last, First): _____

DOB: _____ ☐ Male ☐ Female
YYYY/MM/DD

Personal Identification Number (PIN): _____

Address: _____

Phone Number (Home): _____ (Other): _____

Health Card Number: _____ Version Code: _____

Most recent BMD scan (Date YYYY/MM/DD) _____

Next BMD scan due (Date YYYY/MM/DD) _____

Does this patient have any special needs or impairments? (Please specify: _____

DOUBLE APPOINTMENT TIMES MAY BE REQUIRED FOR PATIENTS WITH SPECIAL NEEDS. PATIENT MUST BE ABLE TO WEIGHT BEAR.

Clinical Indication (reason for exam)

Select all that apply:

- ☐ Anorexia Nervosa
- ☐ Asymptomatic Primary Hyperparathyroidism
- ☐ Corticosteroid Therapy
- ☐ Chronic Renal Failure
- ☐ Cushing's Syndrome
- ☐ Estrogen Deficiency (female)
- ☐ Height loss of more than 2 inches
- ☐ Hyperthyroidism, Hyperparathyroidism
- ☐ Malabsorption
- ☐ Osteomalacia
- ☐ Osteoporosis
- ☐ Ovarian or Testicular Hypofunction
- ☐ Pre-transplant Evaluation
- ☐ Prostate Cancer (male)
- ☐ Radiographic Osteopenia
- ☐ Renal Osteodystrophy
- ☐ Rheumatoid Arthritis
- ☐ Testicular Dysfunction (male)
- ☐ Use of Depo Provera
- ☐ Use of post breast cancer drug therapy
- ☐ Vertebral Abnormality
- ☐ Other_____

Note: Routine examinations include bone mineral density measurements of lumbar spine and proximal femur.

Medical Information Questionnaire:

Must be completed in full:

Yes	No	
☐	☐	Do you have a family history of osteoporosis?
☐	☐	Are you post- menopausal? If yes, at what age was your last menstrual period? (Age)_____
☐	☐	Have you had your uterus removed (Hysterectomy)? If yes, at what age was it removed? (Age)
☐	☐	Have you had either ovary removed (Oophorectomy)? If yes, at what age was it removed? (Age)
☐	☐	Do you presently take estrogen or progesterone medications?
☐	☐	Do you take thyroid medication regularly?
☐	☐	Do you take prednisone or another steroid medication regularly?
☐	☐	Did you ever fracture (break) your hip?
☐	☐	Did you ever fracture (break) your spine?
☐	☐	Did you ever fracture (break) your wrist?
☐	☐	Have you had other fractures (breaks) since age 40?
☐	☐	Have you had surgery on either of your hips?
☐	☐	Have you had surgery on your spine?
☐	☐	Do you presently take calcium supplements?
☐	☐	Do you presently take iron supplements?

Contraindications:

- Suspected pregnancy
- Within 5 days of scheduled appointment, administration of radiopaque contrast (such as barium for Upper Gastro intestinal (GI) study, Barium Enema, Computed Tomography (CT) with barium)
- Within 3 days of scheduled appointment, administration of nuclear medicine radioactive isotope
- Weight restriction of 350 pounds on BMD unit.

UNSIGNED, INCOMPLETE REQUISITIONS WILL BE RETURNED AND APPOINTMENTS WILL NOT BE BOOKED UNTIL A SIGNED AND COMPLETED REQUISITION IS RECEIVED.