

**STANDARD OUT-PATIENT  
BONE DENSITOMETRY REQUISITION**

X-RAY FACILITY ADDRESS		X-RAY USE ONLY
BILLABLE TO <input type="checkbox"/> MSP <input type="checkbox"/> ICBC <input type="checkbox"/> WORKSAFEBC <input type="checkbox"/> PATIENT <input type="checkbox"/> OTHER:		NAME OF PHYSICIAN & MSP PRACTITIONER NUMBER (or office stamp)
PERSONAL HEALTH NUMBER	DOB: YYYY / MM / DD	
SURNAME OF PATIENT      FIRST NAME AND MIDDLE INITIAL		
TELEPHONE # (INCLUDE AREA CODE)	GENDER      PREGNANT <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Yes <input type="checkbox"/> No	
ADDRESS	CITY/TOWN      POSTAL CODE	
		COPY RESULTS TO:

APPOINTMENT DATE	APPOINTMENT TIME
------------------	------------------

**PERTINENT HISTORY**

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

**EXAMINATION REQUESTED**

**SCREENING BONE DENSITOMETRY**

This is not an MSP insured service; payment is the responsibility of the patient.

**DIAGNOSTIC BONE DENSITOMETRY FOR WOMEN**

Covered by MSP but an indication **MUST** be checked. Indication is as defined in the *Bone Density Measurement in Women*, Medical Services Commission and BCMA, May 1, 2005.

*Appropriate indications: BMD is only indicated if it is likely to alter treatment and is considered an MSP-insured service if there is one major OR two minor risk factors for osteoporosis.*

MAJOR RISK FACTORS	MINOR RISK FACTORS
<input type="checkbox"/> Age ≥ 65 years <input type="checkbox"/> Low trauma vertebral compression fracture <input type="checkbox"/> Low trauma fracture over age 40 <input type="checkbox"/> Family history of osteoporotic fracture <input type="checkbox"/> Current systemic glucocorticoid therapy of > 3 mos duration <input type="checkbox"/> Malabsorption syndrome <input type="checkbox"/> Primary hyperparathyroidism <input type="checkbox"/> Hypogonadism <input type="checkbox"/> Early menopause (before age 45)	<input type="checkbox"/> Past history of clinical hyperparathyroidism <input type="checkbox"/> Chronic anticonvulsant therapy <input type="checkbox"/> Low dietary calcium intake <input type="checkbox"/> Smoking <input type="checkbox"/> Excessive alcohol intake <input type="checkbox"/> Excessive caffeine intake (e.g. >4 cups coffee/day) <input type="checkbox"/> Weight < 57 kg <input type="checkbox"/> Short term weight loss > 10% from weight at age 25 <input type="checkbox"/> Chronic heparin therapy <input type="checkbox"/> Rheumatoid arthritis

**FOR MALES AND CHILDREN**

Other situations where information on bone density is considered essential to decisions about therapy.

**FOLLOW-UP BONE DENSITY MEASUREMENTS**

The use of BMD follow-up measurements is controversial. In general, they are not considered medically necessary prior to two years after the original measurement and only if it is likely to alter patient management. The following exceptions apply:

- in patients receiving ≥ 7.5 mg prednisone daily or its equivalent for three months consecutively (who may require repeat scans at up to six month intervals while on treatment).
- in patients with existing fractures or with very low bone density in whom an earlier examination may be indicated.

		SIGNATURE OF REQUESTING PHYSICIAN	
TELEPHONE REQUISITION TIME	INITIALS OF RECORDER	DATE SIGNED (YYYY / MM / DD)	