WOMEN'S COLLEGE HOSPITAL
Health care for women | REVOLUTIONIZED

BONE DENSITOMETRY REQUISITION

Women's College Hospital
76 Grenville St, Level 4, Toronto, ON M5S 1B2
Telephone: **(416) 323-2663**
FAX: **(416) 323-6484**

Patient Name:_____
DOB (YYYY/MM/DD) _____
Address:_____
City:_____ Postal Code: _____
Telephone: Home: (_____)_____
Day/Work: (_____)_____
Health Card: _____

REFERRING MD PLEASE COMPLETE:

1. **Has this patient had a previous Bone Mineral Density (BMD) test done?**

   ☐ **Yes** When? YYYY/MM/DD Where? ☐ WCH ☐ Other _____

   ☐ **No** This request is for a baseline test

2. **Is this patient considered to be high risk by OHIP guidelines?**

   ☐ **Yes**, because the patient is either:

   At risk for accelerated bone loss* with Osteopenia or Osteoporosis **OR** **At risk for accelerated bone loss* with bone loss in excess of 1% per year on last BMD**

   **Refer to WCH guidelines of risk factors for accelerated bone loss*

   ☐ **No**, **If no** ▸ OHIP will cover for a second BMD after 3 years from the baseline test. Thereafter, successive BMD testing (3rd or more) is eligible for OHIP coverage after 5 years from the last test.

3. **Has this patient had spinal and/or hip surgery?** ☐ **No** ☐ **Yes** ▸ specify:_____

4. **Has this patient sustained a low trauma fracture after age 40?**

   ☐ **No** ☐ **Yes** ▸ ☐ hip ☐ wrist ☐ spine ☐ rib ☐ ankle ☐ other bones, specify:_____

5. **Is this patient currently taking oral steroids?** ☐ **No** ☐ **Yes**

6. **Is this patient still menstruating?** ☐ **Yes*** ☐ **No** ▸ at what age did periods stop?_____

7. **Clinical & Other Relevant History:**_____

_____

Referring Physician:_____
Name (please PRINT) Billing# Signature Fax#

Date of Referral: _____ .

* **WARNING: This test should not be performed if the patient is or might be pregnant**

SPECIAL NEEDS: Please inform us at the time of booking so we may accommodate the patient better

PATIENT INSTRUCTIONS:

1. BRING THEIR **ONTARIO HEALTH CARD** TO ALL APPOINTMENTS
2. **MUST NOT TAKE ANY CALCIUM TABLETS ON THE DAY OF THEIR TEST.**

Incomplete Requisitions **Will Not** Be Processed