



**Southwest Ontario
Aboriginal Health
Access Centre**

Fax

TO: Lisa-Ann Fraser

FROM: Maxwell Lowther

FAX: 226-680-0800

PAGES: (including cover) 5

PHONE: 226-680-0802

DATE: November 3, 2025

RE: Daniel Antone

CC:

URGENT

Please Review

Please Reply

Comments:

The information contained in this facsimile message is intended for the sole confidential use of the designated recipients and may contain confidential information. If you have received this communication in error, please notify us immediately by telephone and return the original message to us. Miigwetch/Yaw^ko/Thank you.

**77 Anishinaabeg Dr
Muncey, ON N0L 1Y0**

T: 519-289-0352 F: 519-289-0355

www.soahac.on.ca



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SOAHAC-Chippewas of the Thames
77 Anishinaabeg Drive
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Nov 3, 2025

Dr. Lisa-Ann Fraser
410-140 Oxford Street
London, ON, CA
N6A 5R9

Dear Dr. Lisa-Ann Fraser:

Re: Daniel (Danny) Antone May 31, 1971 Age: 54 yr HN: 5501 846 330 EA
519-652-5918 (H)

2557 Longhouse Road, Southwold, ON N0L 2G0
519-652-5918 (H)
OHIP # ON 5501 846 330 EA

Please send all correspondence regarding this client to Maxwell Lowther at SOAHAC Chippewa site at fax 519-289-0355.

To Dr. Fraser,

Thank you for seeing Mr. Daniel (Danny) Antone. He is currently on Alendronate weekly for a history of fragility fractures. However, he was recently hospitalized for ?UGIB (scopes pending). Due to his past medical history of PUD, duodenal ulcers and alcohol use, I would appreciate your insight on most appropriate treatment for his osteoporosis

Thank you again for seeing Daniel.

(Referring NP Maxwell Lowther 727416)

Current Medical Problems

Substance Abuse
Depression
Anemia Hb 68 Jun 2023
Intertrigo

Past Medical History

-Hx of wisdom teeth removal.
Rt ankle # with ORIF Dr Cervinka 2015

Re: Daniel (Danny) Antone May 31, 1971 Age: 54 yr HN: 5501 846 330 EA
519-652-5918 (H)

Lt ankle #
Lt Subcapital femur #
PUD with duodenal ulcer Dr Black 2022
Lt hip subcapital/pelvic # Mar 2024

Allergies

Other: Environmental:danders-> Rash;...

Immunizations

Fluzone Hi-Dose Quad 23-24 PF	Oct 27, 2023
Adacel-Polio	Oct 27, 2023

Medications

Ventolin HFA 100 mcg/actuation 2 inhalations every 4 hours, PRN for 14 days
please provide spacer
multivitamin 1 tab 1 tablet 1 time daily for 3 months of 28 days
Nasonex 50 mcg/actuation 2 sprays 2 times daily for 30 days
polysaccharide iron complex 150 mg iron 1 capsule every 2 days for 3 months of 28 days Feramax. Take in evening on empty stomach, away from other meds.
calcium carbonate 1000 mg 1 time daily for 3 months of 28 days
Tinactin 1 % 1 application 2 times daily for 28 days apply to groin
cholecalciferol (vitamin d3) 2,000 unit (50 mcg) 1 capsule 1 time daily for 28 days
thiamine hcl (vitamin b1) 100 mg 1 tablet 1 time daily for 3 months of 28 days
alendronate 70 mg 1 time weekly for 12 weeks take with full glass of water on empty stomach away from other medications
ACETAMINOPHEN 500 MG TABLET 2 tablets 3 times daily, PRN
clotrimazole 1 % 1 application 2 times daily for 14 days use twice daily until one week after rash resolves then continue with tinactin spray
lansoprazole 30 mg 2 times daily

Sincerely,



Maxwel Lowther, MN PHC NP

Antone, Daniel Gene (Danny)**Birth date 31/05/1971 #2446 Page 1/2****Jul 17, 2024****HRM Bone Densitometry****MALO**

Diagnostic imaging Report

Nuclear Medicine, 170667032, NM BMD - Baseline

Observation Date: 17/07/2024, 08:40

Author physician: Potoczny

St. Thomas Elgin General Hospital

Patient: Daniel Gene Antone

DOB: 1971-05-31

BONE MINERAL DENSITY:

The patient is 53 y/o years old and M.

COMPARISON STUDY:

None.

Previous fragility fracture after age 40: Yes (Proximal femur)

History of prolonged corticosteroid use: No.

Bone acting medication use: Yes (Note: Overall fracture risk may be lower than calculated if osteoporosis drug therapy is effective)

Study limitations: Prior left hip surgery.

LUMBAR SPINE:

Bone mineral density from L1-L4 is 0.976 g/cm², T-score -2.1.Interval change since previous: N/A g/cm². Statistically significant: N/A

Right HIP:

Femoral neck 0.605 g/cm², T-score -3.6. Female reference neck T-score -3.1Total hip 0.623 g/cm², T-score -3.3Interval change since previous: N/A g/cm². Statistically significant: N/A

SUMMARY:

DIAGNOSTIC CATEGORY: Osteoporosis..

Based on the lowest T-Score

TEN YEAR FRACTURE RISK: High: >20%..

Based on the femoral neck T-score and clinical history

FOLLOW-UP RECOMMENDATIONS: in 1 year.

Consider clinical treatment in High Risk Patients with Bone Active Drug Therapy. If the patient has had a net gain or stability on a bone active drug therapy from the time the current drug regimen was initiated this is considered a positive drug effect, while a net loss of density should be considered evidence of drug failure.

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The following definitions are applied:

Low Risk of fracture is less than 10% chance over the next 10 years.

Medium Risk of fracture is 10-20% chance over the next 10 years.

High Risk of fracture is greater than 20% chance over the next 10 years.

LSC for Lumbar spine 0.035gm/cm², for Femoral Neck 0.043gm/cm², for Total Femur 0.023gm/cm²

-

Date Dictated: 2024/07/17 10:48

Reporting Radiologist: Dr. Potoczny, Stefan

Electronically Signed By: Potoczny, Stefan

MD,FRCP

Antone, Daniel Gene (Danny)**Birth date 31/05/1971 #2446 Page 2/2**

Date Signed: 2024/07/17 10:52
tr: Voice, Recorded
Ordering: Maxwel Lowther