

**STANDARD
OUT-PATIENT
BONE DENSITOMETRY
REQUISITION**

ORDERING PRACTITIONER: ADDRESS, MSP PRACTITIONER NUMBER

Yellow highlighted fields must be completed to avoid delays in patient processing.Consult provincial guidelines and protocols (www.BCGuidelines.ca) prior to completionBill to → ☐ MSP ☐ ICBC ☐ WorkSafeBC ☐ PATIENT ☐ OTHER: _____

PHN NUMBER

ICBC/WorkSafeBC NUMBER

LOCUM FOR PRACTITIONER:

LAST NAME OF PATIENT

FIRST NAME OF PATIENT

MSP PRACTITIONER NUMBER

DOB YYYY MM DD

SEX

☐ M ☐ F

PREGNANT

☐ YES ☐ NO

CHART NUMBER

If this is a STAT order please provide contact telephone number:

PRIMARY CONTACT NUMBER OF PATIENT

SECONDARY CONTACT NUMBER OF PATIENT

OTHER CONTACT NUMBER OF PATIENT

Copy to Practitioner/MSP Practitioner Number/Address:

ADDRESS OF PATIENT

CITY/TOWN

PROVINCE

DIAGNOSIS

CURRENT MEDICATIONS/DATE AND TIME OF LAST DOSE

PERTINENT HISTORY - Follow-up examinations should be done at the same location (attach reports if available)

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**DIAGNOSTIC BONE MINERAL DENSITOMETRY (BMD)**

BMD is only indicated if it is likely to alter treatment and is considered an MSP insured service for patients with moderate or higher risk of fracture, as outlined in the Osteoporosis Guideline at www.bcguidelines.ca. The risk can be determined using the FRAX calculator at www.shef.ac.uk/FRAX

Example Risk Factors:

- Age > 65
- Previous fragility fractures
- Having a parent with fractured hip
- Current smoking
- Rheumatoid Arthritis
- Secondary Osteoporosis
- Alcohol consumption > 3 units/day
- Glucocorticoids (≥ 7.5mg prednisone or equivalent daily for 3 months consecutively)

Check One:

☐ Moderate Risk (10 - 20% 10 year fracture risk) ☐ Recent Hip Fracture ☐ Hyperparathyroidism
☐ High Risk (>20% 10 year fracture risk) ☐ History of Fragility Fracture

FOLLOW-UP BMD MEASUREMENTS

There is insufficient evidence to recommend testing frequency for patients not taking OP medications. For patients on OP medications, repeat BMD exams are not justified based on current evidence and not considered medically necessary prior to **3 years** after the original measurement and only if it is likely to alter patient management.

☐ 3 or more years since prior BMD Exam ☐ Less than 3 years since BMD Exam (see below)

The following exceptions, as outlined in the Osteoporosis Guideline, may apply (check one):

☐ Patients receiving ≥ 7.5mg prednisone daily, or its equivalent for 3 months consecutively who require a baseline examination and repeat scans at 6 month intervals while on treatment.
☐ Patients in whom an early exam may be indicated: example - moderate and high risk patients on OP medications with multiple risk factors and test is likely to alter patient management.
☐ Primary Hyperparathyroidism
☐ Other specific high risk situations where repeat testing is likely to alter patient management

Specify _____

NON-DIAGNOSTIC BMD – PATIENT PAY

These are non-insured services for indications that are not covered by MSP, such as:

- Routine screening of men and women less than 65 years of age
- Part of routine screening around time of menopause
- Screening - the patient would like to proceed with the exam and pay privately
- Follow-up (when not clinically indicated) - the patient would like to proceed with the exam and pay privately
- Investigation of chronic back pain
- Investigation of exaggerated dorsal kyphosis

PATIENT HISTORY – please provide risk factors, therapies and other appropriate history

APPOINTMENT DATE AND TIME

TELEPHONE REQUISITION TIME

INITIALS OF RECORDER

DATE SIGNED (YYYY / MM / DD)

SIGNATURE OF REQUESTING PRACTITIONER