



STANDARD OUT-PATIENT BONE DENSITOMETRY REQUISITION

ORDERING PRACTITIONER: ADDRESS, MSP PRACTITIONER NUMBER
LOCUM FOR PRACTITIONER:
MSP PRACTITIONER NUMBER
If this is a STAT order please provide contact telephone number:
Copy to Practitioner/MSP Practitioner Number/Address:

Yellow highlighted fields must be completed to avoid delays in patient processing.
Consult provincial guidelines and protocols (www.BCGuidelines.ca) prior to completion
Bill to: MSP, ICBC, WorkSafeBC, PATIENT, OTHER:
PHN NUMBER, ICB/WorkSafeBC NUMBER
LAST NAME OF PATIENT, FIRST NAME OF PATIENT
DOB, SEX, PREGNANT, CHART NUMBER
PRIMARY CONTACT NUMBER OF PATIENT, SECONDARY CONTACT NUMBER OF PATIENT, OTHER CONTACT NUMBER OF PATIENT
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 LOCATION DATE
PREVIOUS LUMBAR SPINE X-RAYS 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, Current smoking, Alcohol consumption > 3 units/day, Previous fragility fractures, Rheumatoid Arthritis, Glucocorticoids (>= 7.5mg prednisone or equivalent daily for 3 months consecutively), Having a parent with fractured hip, Secondary Osteoporosis

Check One:

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

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, Investigation of chronic back pain, Part of routine screening around time of menopause, Investigation of exaggerated dorsal kyphosis, 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

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