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BONE DENSITOMETRY

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 <input type="checkbox"/> M <input type="checkbox"/> F	PREGNANT <input type="checkbox"/> Yes <input type="checkbox"/> No		Signature of Requesting Physician
ADDRESS		CITY/TOWN	POSTAL CODE		COPY RESULTS TO:
DIAGNOSIS			CURRENT MEDICATION AND TIME OF LAST DOSE		
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					
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: <ul style="list-style-type: none"> • Age > 65 • Previous fragility fractures • Having a parent with fractured hip • Current smoking • Rheumatoid Arthritis • Glucocorticoids (≥ 7.5mg Prednisone or equivalent daily for 3 months consecutively) • Secondary Osteoporosis • Alcohol consumption > 3 units/day 					
Check One:					
<input type="checkbox"/> Moderate Risk (10-20% 10 year fracture risk)		<input type="checkbox"/> Recent Hip Fracture		<input type="checkbox"/> Hyperparathyroidism	
<input type="checkbox"/> High Risk (>20% 10 year fracture risk)		<input type="checkbox"/> 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.					
<input type="checkbox"/> 3 or more years since prior BMD Exam		<input type="checkbox"/> Less than 3 years since BMD Exam (see below)			
The following exceptions, as outlined in the Osteoporosis Guidelines, may apply (check one):					
<input type="checkbox"/> 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.					
<input type="checkbox"/> Patients in whom an early exam may be indicated: moderate and high risk patients on OP medications with multiple risk factors and test is likely to alter patient management.					
<input type="checkbox"/> Primary Hyperparathyroidism					
<input type="checkbox"/> 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			
<input type="checkbox"/> Screening - the patient would like to proceed with the exam and pay privately					
<input type="checkbox"/> 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	

The personal information collected on this form is collected under the authority of the *Personal Information Protection Act*. The personal information is used to provide medical services requested on this requisition. The information collected is used for quality assurance management and disclosed to healthcare practitioners involved in providing care or when required by law. Personal information is protected from unauthorized use and disclosure in accordance with the *Personal Information Act* and when applicable the *Freedom of Information and Protection of Privacy Act* and may be used and disclosed only as provided by those Acts. HLTH 1905 2017/05/30



INSTRUCTIONS ON THE REVERSE SIDE
THERE IS \$75 CHARGE FOR ANY CANCELLATION WITH LESS THAN 24-HOUR NOTICE

To the Patient

A bone density examination is a very simple test, similar to an x-ray. There is no injection involved. The examination is performed by specially trained technologists with the patient lying on her back and takes approximately 20 minutes.

Certain tests interfere with the results of bone density studies. If you have had any x-ray tests using contrast or Nuclear Medicine tests done recently, please inform our office when you schedule your appointment.

If possible please wear loose fitting, comfortable clothing. Do not take calcium supplements 24 hours prior to the appointment.

致各就診者

骨骼密度比重掃描檢驗十分簡單, 與 X-光大同小異, 亦無需任何藥物注射, 進行此檢驗的專業技術人員, 均經特別培訓, 在約廿分鐘的檢驗過程中, 就診者只需仰臥即可。

如你曾作 X-光檢查, 如CT掃描, 核放射性醫藥療程或其他 X-光掃描檢查等, 因此等檢查可能影響骨骼密度比重掃描之準確性, 請在預約檢查時, 通知我們辦公室。檢查前24小時內請勿食有鈣的補充劑。