



**STANDARD  
OUT-PATIENT  
BONE DENSITOMETRY  
REQUISITION**

ORDERING PRACTITIONER: ADDRESS, MSP PRACTITIONER NUMBER

<b>Yellow highlighted fields must be completed to avoid delays in patient processing.</b>		Consult provincial guidelines and protocols ( <a href="http://www.BCGuidelines.ca">www.BCGuidelines.ca</a> ) prior to completion	
Bill to → <input type="checkbox"/> MSP <input type="checkbox"/> ICBC <input type="checkbox"/> WorkSafeBC <input type="checkbox"/> PATIENT <input type="checkbox"/> OTHER: _____			
PHN NUMBER		ICBC/WorkSafeBC NUMBER	
LAST NAME OF PATIENT		FIRST NAME OF PATIENT	
DOB      YYYY      MM      DD		SEX <input type="checkbox"/> M <input type="checkbox"/> F	
PRIMARY CONTACT NUMBER OF PATIENT		SECONDARY CONTACT NUMBER OF PATIENT	
ADDRESS OF PATIENT		CITY/TOWN	
DIAGNOSIS		CURRENT MEDICATIONS/DATE AND TIME OF LAST DOSE	
		CHART NUMBER	
		PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO	
		OTHER CONTACT NUMBER OF PATIENT	
		PROVINCE	
		LOCUM FOR PRACTITIONER:	
		MSP PRACTITIONER NUMBER	
		If this is a STAT order please provide contact telephone number:	
		Copy to Practitioner/MSP Practitioner Number/Address:	

**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](http://www.bcguidelines.ca). The risk can be determined using the FRAX calculator at [www.shef.ac.uk/FRAX](http://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

<b>PATIENT HISTORY</b> – 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