



**GEORGIAN
RADIOLOGY**
CONSULTANTS

www.georgianradiology.com

BONE MINERAL DENSITY (DEXA)

- Wasaga - 14 Ramblewood Dr. Suite 105 (705) 422.2255
- Innisfil - 7325 Yonge St., Suite 1300 (705) 431.5641
- Barrie - 11 Lakeside Terrace, Suite LL01 (705) 722.8036

BOOKING PHONE# : 705- 726 - 7442

BOOKING FAX# : 705- 726 - 8056

PATIENT Appointment : Booked appt only **(Equipment has a 350 lb weight capacity)**

Date: D_____ M_____ Y_____ Time: _____ am / pm

PREPARATION: Please reschedule your appointment if you have had a Nuclear Medicine, MRI, CT or X-Ray with contrast less than **1 week** prior or a Barium study less than **2 weeks** prior to your appointment. Dress in comfortable clothing **without metal**: no belts, zippers or bra and no navel jewelry. This will eliminate the need to change into a gown. **Do not** take calcium supplements the day of your appointment.

Baseline (1st ever in Ontario)

Patients with any of the following risk factors (**check ALL that apply**):

- Female or Male age ≥ 65
- History of fragility fracture (after age 40)¹
- Recent prolonged glucocorticoid use²
- Other high risk medication use³
- Conditions associated with bone loss or fracture⁴ SPECIFY: _____
- Menopausal female (≥ 1 year post cessation of menstrual periods) with body weight < 60kg
- Male age 50–64 with body weight < 60 kg

Low Risk Follow Up

PLEASE ATTACH PREVIOUS REPORT

For patients at LOW fracture risk on prior exam, OHIP will cover:

- A second BMD test 3 YEARS AFTER the baseline test
- A successive BMD test (i.e. 3rd or more) 5 YEARS AFTER the last test

Date Last Exam (Day_____ Month_____ Year_____)

Follow up BMD tests at intervals of EVERY 2-3 YEARS are appropriate for most MODERATE or HIGH risk patients (including those recently discontinuing therapy).⁵

High Risk Follow Up

- 2-3 year follow up with previous Moderate to High Risk BMD without changes to risk level
- 1 year follow up
-for any patient, follow up BMD Tests may be appropriate AFTER 1 YEAR if:
 - Has a new fragility fracture¹
 - Active risk factor for bone loss^{2,3,4}
 - Significant bone loss on prior BMD exam⁶
 - Initiated or changed to a new bone sparing medication within the past year

Comments:

REV. Dec 2021

¹ defined as fracture that occurs spontaneously such as vertebral fracture identified on X-ray or after minor trauma such as a fall from standing height or less, EXCLUDING craniofacial, hand, ankle, foot and rib fractures

² ≥ 3 months in the prior year at a prednisone equivalent dose ≥ 7.5 mg daily

³ e.g. aromatase inhibitors, androgen deprivation therapy, anticonvulsant therapy

⁴ e.g. primary hyperparathyroidism, osteogenesis imperfecta, uncontrolled hyperthyroidism, male hypogonadism, Cushing's disease, chronic malnutrition or malabsorption syndrome, chronic liver disease and inflammatory conditions (e.g. inflammatory bowel disease, lupus, rheumatoid arthritis)

⁵ refer to 2014 Choosing Wisely Canada recommendations: <http://www.choosingwiselycanada.org/recommendations/rheumatology/>

⁶ OHIP defines significant bone loss as being in excess of 1% per year

PATIENT INFORMATION:

DATE: D_____ M_____ Y_____ M / F DOB: D_____ M_____ Y_____

Name: _____

Address: _____ City: _____

Home P#: _____-- Cell P#: _____--

Province: _____ OHIP# / WCB#: _____

TECH NOTES:

NCP

Practitioner SIGNATURE:

_____: Signature
 _____: Printed Name
 _____: Fax #
 _____: CC Copy

Please bring this form & health card to your examination to avoid delay or cancellation