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GEORGIAN RADIOLOGY CONSULTANTS
www.georgianradiology.com

BONE MINERAL DENSITY (DEXA)

☐ Wasaga - 14 Ramblewood Dr. Suite 105 (705) 422.2255
☐ Innisfil - 17325 Yonge St., Suite 1300 (705) 431.5641
☐ Barrie - 11 Lakeside Terrace, Suite LL01 (705) 722.8036

BY APPOINTMENT ONLY

BOOKING **PHONE:** 705-726-**7442** | BOOKING **FAX:** 705-726-**8056**

Equipment has a 350 lb/159kg weight capacity

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.

Please Attach Patient's Medication List and Previous Report

☐ **Baseline (1st ever in Ontario): Postmenopausal Females and Males Aged ≥ 50 Yrs**

AGE:
- ☐ 50-64
- ☐ 65-69
- ☐ ≥70

FRAX RISK FACTORS:
- ☐ Previous fragility fracture[1], after age 40
- ☐ Glucocorticoids > 3mth in the last year, dose >5mg/day)
- ☐ Falls ≥2 in the last year
- ☐ Parent fractured hip
- ☐ Body weight <60kg
- ☐ Secondary
- ☐ Osteoporosis[2] Current
- ☐ smoking

☐ **10 yr fracture risk of <15% (Low Risk)** on prior exam

☐ **10 yr fracture risk of 15-19% (Moderate Risk)** on prior exam

Recommended 5 years after last BMD

☐ **10 yr fracture risk of >20% or if initiated Pharmacology (High Risk)**

Recommended 3 years after last BMD*

*BMD measurement may be repeated at a shorter interval (i.e. 1 year) in high-risk patients with Hypercortisolism/Cushing's syndrome , patients receiving high dose glucocorticoid therapy of > 20mg Prednisone equivalent or as clinically required/medically necessary.

Comments:

PATIENT INFORMATION

Date: D___M___Y___ M/F/T DOB: D___M___Y___

Name:_____

Address:_____City:_____

Phone# (Home/Cell):_____

OHIP#_____

ORDERING PROVIDER

Signature: _____

Printed Name:_____

Fax #:_____

CC: _____

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

[2] e.g. primary hyperparathyroidism, osteogenesis imperfecta, uncontrolled hyperthyroidism, male hypogonadism, Cushing's disease, chronic malnutrition or malabsorption syndrome, chronic liver disease, inflammatory conditions (e.g. inflammatory bowel disease, lupus, rheumatoid arthritis) and other risk factors for rapid bone loss
(OHIP defines rapid bone loss as being more than 1% per year)
Medications that increase fracture risk (e.g. aromatase inhibitors, androgen deprivation therapy, anticonvulsant therapy).

You **must arrive 15 minutes** prior to your appointment to complete registration. If you are late **ANOTHER** appointment may have to be arranged.

*This requisition form can be taken to any licensed facility providing healthcare services, including hospitals accepting community referrals and community surgical diagnostic centres, such as those listed on the website. https://www.ontario.ca/page/community-surgical-and-diagnostic-centres

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