

XRAY/BONE MINERAL DENSITOMETRY REQUISITION

Depending on wait times, patients may be scheduled at any of our hospital sites in the Niagara region

<input type="checkbox"/> INPATIENT	<input type="checkbox"/> OUTPATIENT
<input type="checkbox"/> ED REQUEST	<input type="checkbox"/> NEXT AVAILABLE
<input type="checkbox"/> UNIT _____	<input type="checkbox"/> WITHIN 1-2 WEEKS
<input type="checkbox"/> URGENT	<input type="checkbox"/> ROUTINE

APPOINTMENT DATE/TIME/SITE:

DD / MM / YYYY

HH : MM

SITE

PATIENT INFORMATION (PLEASE PRINT)

PATIENTS LAST NAME		
ADDRESS		
MOBILE PHONE (PREFERRED CONTACT METHOD)		
OHCN/OHIP#	VERSION CODE	PATIENT WEIGHT

PATIENTS FIRST NAME	
CITY	
HOME PHONE	
DATE OF BIRTH (DD/MM/YYYY)	GENDER

ORDERING PROVIDER INFORMATION

ORDERING PROVIDER NAME	COPIES TO
PHONE NUMBER	URGENT RESULTS CONTACT #
SIGNATURE	FAX NUMBER
<input type="checkbox"/> WSIB CLAIM #:	

CAN THE PATIENT COME IN ON SHORT NOTICE? ☐ YES ☐ NO

DOES THE PATIENT HAVE ANY ACCESSIBILITY ISSUES? ☐ YES ☐ NO IF YES, SPECIFY:

CAN WE CONTACT YOU BY EMAIL? ☐ YES ☐ NO IF YES, PLEASE PROVIDE YOUR EMAIL ADDRESS:

IT IS THE REFERRING PROVIDERS RESPONSIBILITY TO NOTIFY THE PATIENT OF APPOINTMENT DETAILS

CLINICAL INFORMATION/REASON FOR EXAM (INCLUDE SPECIFIC QUESTIONS TO BE ANSWERED)

X-RAY

PHONE:
905-378-4647

☐ ST CATHARINES
X46350
FAX: 905-684-6990

☐ NIAGARA FALLS/FORT
ERIE SITE
X54812
FAX: 905-358-7438

☐ WELLAND/PORT
COLBORNE SITE
X33280
FAX: 905-732-9537

GENERAL X-RAY PROCEDURES

EXAMINATION REQUESTED:

☐ 3 FT LEG LENGTHS* ☐ SCOLIOSIS* ☐ PRE-OP KNEE / HIP WITH MARKER

SPECIAL RADIOLOGY PROCEDURES

☐ BARIUM SWALLOW ☐ *ASPIRATION (JOINT)
☐ UPPER GI SERIES ☐ **JOINT INJECTIONS (SPECIFY JOINT)
☐ SMALL BOWEL ONLY ☐ CYSTOGRAM
☐ BA ENEMA (PREP NEEDED)

PROVIDE DETAILS:

*SPECIFIC LAB ORDERS REQUIRED, **PLEASE NOTE IF PREVIOUSLY ATTEMPTED UNSUCCESSFULLY

BONE DENSITY

PHONE:
905-378-4647

☐ ST CATHARINES
X46350
FAX: 905-684-6990

☐ NIAGARA FALLS
X54952
FAX: 905-358-4956

☐ WELLAND
X33285
FAX: 905-397-1917

FACTORS FOR FRACTURE AND RISK ASSESSMENT (PHYSICIAN MUST FILL IN ALL RELEVANT PATIENT INFORMATION BELOW)

MAJOR RISK FACTORS

☐ VERTEBRAL COMPRESSION FRACTURE
☐ FRAGILITY FRACTURE AFTER AGE 40
☐ FAMILY HISTORY OF OSTEOPOROTIC FRACTURE
☐ SYSTEMIC GLUCOCORTICOID THERAPY 3 MONTHS
☐ MALABSORPTION SYNDROME
☐ PRIMARY HYPERPARATHYROIDISM
☐ PROPENSITY TO FALL
☐ OSTEOPENIA APPARENT ON X-RAY FILM
☐ HYPOGONADISM
☐ EARLY MENOPAUSE (BEFORE AGE 45)

MINOR RISK FACTORS

☐ RHEUMATOID ARTHRITIS
☐ PAST HISTORY OF HYPERTHYROIDISM
☐ CHRONIC ANTICONVULSANT THERAPY
☐ LOW DIETARY CALCIUM INTAKE
☐ SMOKER
☐ EXCESSIVE ALCOHOL INTAKE
☐ EXCESSIVE CAFFEINE INTAKE
☐ WEIGHT < 57 KG
☐ WEIGHT LOSS > 10% OF WEIGHT AT AGE 25
☐ CHRONIC HEPARIN THERAPY

BONE MINERAL TESTING RECOMMENDATIONS: 1 MAJOR RISK FACTOR OR 2 MINOR RISK FACTORS

RISK FACTOR OTHER THAN LISTED ABOVE:

PREVIOUS BONE DENSITY DATE:

☐ BASELINE ☐ LOW RISK ☐ HIGH RISK (1 MAJOR OR 2 MINOR RISK FACTORS OR PREVIOUS BMD EVIDENCE OF OSTEOPOROSIS, OSTEOPENIA OR > 1% BONE LOSS/YEAR)

PATIENT INSTRUCTIONS

1. DO NOT TAKE CALCIUM WITHIN 24 HOURS OF THE TEST 2. PATIENT MUST REGISTER AT PATIENT REGISTRATION

~HOSPITAL USE ONLY~

PLEASE NOTE: INCOMPLETE REQUISITIONS WILL BE RETURNED/FAXED BACK WITHOUT AN APPOINTMENT