NOVASCOTIA	Time Out:	For Internal Use only: Date Booked: Booking Location: Appointment Time:
Bone Densitometry Consultation Request <i>Requisition will be returned if the following information is not provided.</i>	For internal use only.	Site Preference:
PATIENT INFORMATION	COPY TO: PATIENT IDENTIFICATION (For internal use only)	
Health Card # DOB: YYYY/MM/DD Surname First Name		
Address City Postal Code MRSA/VRE Positive? WCB # (where applicable) □ Y □ N		
Mode of Transport: Ambulatory Chair Stretcher Portable If exam is for research purposes, provide Account #:		
MAJOR RISK FACTORS WHICH INFLUENCE FRACTURE RISK 1. Fragility Fracture* (including vertebral fractures)		□ Y □ N
If yes, please list all sites:		
2. Steroid Use (At least 3 months cumulative therapy in the previous year at a prednisone equ	tivalent dose \geq 7.5mg daily)	□ Y □ N
 □ Age 50-64 (menopausal women, men): clinical risk factors: □ Fragility fracture after age 40 yr □ Prolonged use of glucocorticoids* □ Use of other high-risk medications⁺ □ Parental hip fracture 	 Malabsorption syndrom Primary hyperparathyro Other disorders strongly and/or fracture 	nedications ⁺ ature menopause (age < 45yr) e idism v associated with rapid bone loss
* At least 3 months cumulative therapy in the previous year at a prednisone-equivalent dose \geq 7.5 + For example, aromatase inhibitors or androgen deprivation therapy.	mg daily.	
OR FOLLOW UP STUDIES ite (must be same as previous to allow comparison):Requested	d Date:	
COMMENTS Currently on osteoporosis-specific medications, such as bisphosphonates: Surgery or bone disease of the hips or lumbar spine? For compression fracture, specify l Other comments:		
REQUESTING PHYSICIAN INFORMATION Physician's Name: Signature: Felephone: Fax: Date: (N		
Felephone: Fax: Date: (Y)	(YYY/MM/DD)	