GEORGIAN RADIOLOGY www.georgianradiology.com	BONE MINERAL DENSITY (DEXA) Use Wasaga - 14 Ramblewood Dr. Suite 105 Innisfil - 7325 Yonge St., Suite 1300 Barrie - 11 Lakeside Terrace, Suite LL01 (705) 722.8036
BOOKING PHONE # :705-726 - 744	2 BOOKING FAX # : 705- 726- 8056
PATIENT Appointment : Booked appt or	
Date: D_ M_ Y_	Time: am / pm
PREPARATION: If you have had a Nuclear Medicine, CT scan with contrast or Barium test in the past two weeks, please reschedule 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.	
Baseline (1st ever in Ontario)	
Patients with any of the following risk factors (check ALL that apply):	
☐ Female or Male age≥65	\Box Menopausal female (\geq 1 year post cessation of
$\square History of fragility fracture (after age 40)^1$	menstrual periods) with body weight < 60kg
 Recent prolonged glucocorticoid use² Other high risk medication use³ 	$\square Male age 50-64 with body weight < 60 kg$
Conditions associated with bone loss or fracture ⁴ SPECIFY:	
Low Risk Follow Up	PLEASE ATTACH PREVIOUS REPORT
For patients at LOW fracture risk on prior exam, OHIF	9 will cover:
A second BMD test 3 YEARS AFTER the baseline test	
A successive BMD test (i.e. 3 rd 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	Comments:
2-3 year follow up with previous Moderate to High	n 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 	
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	
$^{2}\ge$ 3 months in the prior year at a prednisone equivalent dose \ge 7.5 mg daily	
³ e.g. aromatase inhibitors, androgen deprivation therapy, anticonvulsa	int 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. inflammatoryolavel disease, lupus, rheumatoid arthritis)	
⁵ refer to 2014 Choosing Wisely Canada recommendations: http <u>://www.choosingwiselycanada.org/recommendations/rheumatology/</u> ⁶ OHIP defines significant bone loss as being in excess of 1% per year	
PATIENT INFORMATION:	TECH NOTES:
DATE: DMYM / F DOB: DMY_	
Name:	Practitioner SIGNATURE:
Address: City:	: Signature
Home P#: Cell P#:	: Printed Name
Province: OHIP# / WCB#:	: СС Сору
Please bring this <u>form & health card</u> to your <u>examination</u> to avoid delay or cancellation	

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