Waterloo Wellington Hospitals

Bone Mineral Density Requisition

Fax completed requisition to ONE Hospital:

OFFICE USE ONLY
Exam Date:_____
Arrival Time:_____
Exam Time:_____

❑ Cambridge Memorial Hospital: (CMH) **519-740-4904**
❑ Groves Memorial Community Hospital:(GMCH) **519-843-7637**
❑ Guelph General Hospital: (GGH) **519-766-9982**
❑ Palmerston District Hospital:(PDH) **519-343-3821**
❑ St. Mary's General Hospital:(SMGH) **519-749-6989**

Patient Information

Other Reqs Associated to Patient? ❑ Y ❑ N

Last Name, First Name:

DOB: DD/MM/YYYY ❑ Male ❑ Female ❑ Unknown

Street Address:

City/Town:

Province: Postal Code:

Contact Number:

Home: _____ ❑ Y ❑ N Patient consents to leave message

Other: _____ ❑ Y ❑ N Patient consents to leave message

Preferred Language: ❑ English ❑ Other: _____

❑ Y ❑ N An interpreter is required to consent to the procedure. CMH, GGH, GRH and SMGH have interpretation services available.

Health Card #: VC:

WSIB? ❑ Y ❑ N Injury Date: DD/MM/YYYY

Please include Claim #: _____

Other Insurance? Third Party or Self Pay

Specify: _____

Required Patient Information:

Height: _____(cm) Weight: _____(kg)

❑ Restricted Mobility

Clinical History/Indication (reason for exam)

Please Check Exam Requested:
Ordering Guidelines on reverse

Baseline	❑
Low Risk	❑
High Risk	❑

Patient Risk Factor Screening:

Fragility Fracture after age 40?	❑ Y ❑ N
Hip	❑ Y ❑ N
Vertebral	❑ Y ❑ N
Prolonged Glucocorticoid Use (for greater than or equal to 3 months in the last 12 months?)	❑ Y ❑ N
Greater than 2 falls in last 12 months	❑ Y ❑ N

Other (specify)

Is patient on any treatment/medication for Osteoporosis? Please specify type and initiation date of therapy:

Any prior joint replacement, bone surgery or bone disease in scan region(s)? Please specify:

Previous Exam Information

Prior BMD?	❑ Y ❑ N
Number of prior BMDs?:	
Date of most recent prior:	DD/MM/YYYY
Location of prior:	

EXAM INFORMATION: PHYSICIAN TO COMPLETE **INCOMPLETE REQUISITIONS WILL BE RETURNED**

Ordering Physician Name (Please print):

Signature Date

Contact _____#: _____ Fax#:

Copy to (Please print)

Ordering Guidelines for Referrers:

- Baseline: patients are limited to one Baseline test in lifetime
- Low Risk: patients with prior BMD testing are limited to a second test 3 years later and every 5 years subsequently
- High Risk: ordering physician must provide clinical information documenting reason for high risk status
  - At risk for accelerated bone loss (in the absence of other risk factors, patient age is deemed not to place a patient at high risk for accelerated bone loss)
  - Osteopenia or osteoporosis on any previous BMD testing
  - Bone loss in excess of 1% per year as demonstrated by previous BMD testing

Please indicate location of Imaging examination for Patient:

☐ **Cambridge Memorial Hospital** 700 Coronation Blvd. Cambridge ON N1R 3G2	Telephone: 519-621-2333 x2230 Fax: 519-740-4904 www.cmh.org	• All patients are to register in the Diagnostic Imaging Department, located on the **1st** Floor of the hospital's **A Wing**, at the indicated arrival time.
☐ **Groves Memorial Community Hospital** 235 Union St. Fergus ON N1M 1W3	Telephone: 519-843-2010 x3234 Fax: 519-843-7637 www.gmch.ca	• All patients are to register in the hospital's Central Registration, located on the Ground Floor, at the indicated arrival time.
☐ **Guelph General Hospital** 115 Delhi St. Guelph ON N1E 4J4	Telephone: 519-837-6413 Fax: 519-766-9982 www.gghorg.ca	• All patients are to register in the hospital's Diagnostic Imaging Department, located on the **3rd Floor**, at the indicated arrival time.
☐ **Palmerston and District Hospital** 500 Whites Rd. Palmerston ON N0G 2P0	Telephone: 519-343-2030 x84401 Fax: 519-343-3821 www.nwhealthcare.ca	• All patients are to register in the hospital's main registration located on **Ground Floor**, at the indicated arrival time.
☐ **St. Mary's General Hospital** 911 Queen's Blvd Kitchener ON N2M 1B2	Telephone: 519-749-6990 Fax: 519-749-6989 www.smgh.ca	• All patients are to register in the hospital's Diagnostic Imaging Department, located on the **1st Floor**, at the indicated arrival time.

How to prepare for your Bone Mineral Density Examination

- No Barium Studies/Scans two weeks prior to your appointment
- No Nuclear Medicine Scans one week prior to your appointment
- Avoid clothing with metal fasteners if possible
- No Calcium pills on day of exam

Important

- Please bring your **Ontario Health Card** and this form to your appointment
- **Patients must be able to consent to the procedure. If language is a barrier, please bring an interpreter.**
- If you are unable to keep your appointment, please give us 24 hours' notice
- We kindly ask that you do not wear or apply fragrances in support of our Fragrance Free policies.