

Waterloo Wellington Hospitals Bone Mineral Density Requisition

Fax completed requisition to ONE Hospital:

- | | | | |
|--|---------------------|---|---------------------|
| <input type="checkbox"/> Cambridge Memorial Hospital: (CMH) | 519-740-4904 | <input type="checkbox"/> Guelph General Hospital: (GGH) | 519-766-9982 |
| <input type="checkbox"/> Grand River Hospital: (GRH) | 519-749-4296 | <input type="checkbox"/> Palmerston District Hospital:(PDH) | 519-343-3821 |
| <input type="checkbox"/> Groves Memorial Community Hospital:(GMCH) | 519-843-7637 | <input type="checkbox"/> St. Mary's General Hospital:(SMGH) | 519-749-6989 |

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

Patient Information

Last Name, First Name: _____		Health Card #: _____	VC: _____
DOB: DD/MM/YYYY	<input type="checkbox"/> Male <input type="checkbox"/> Female	WSIB? <input type="checkbox"/> Y <input type="checkbox"/> N	Injury Date: DD/MM/YYYY
Street Address: _____		Please include Claim #: _____	
City/Town: _____		Other Insurance? Third Party or Self Pay	
Province: _____	Postal Code: _____	Specify: _____	
Contact Number: _____		Required Patient Information:	
Home: _____ <input type="checkbox"/> Y <input type="checkbox"/> N Patient consents to leave message	Height: _____ (cm)		Weight: _____ (kg)
Other: _____ <input type="checkbox"/> Y <input type="checkbox"/> N Patient consents to leave message	<input type="checkbox"/> Restricted Mobility		
Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Other: _____			
<input type="checkbox"/> Y <input type="checkbox"/> N An interpreter is required to consent to the procedure. CMH, GGH, GRH and SMGH have interpretation services available.			

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

Ordering Physician Name (Please print): _____	Signature _____	Date _____
Contact #: _____	Fax#: _____	

Copy to (Please print)

Clinical History/Indication (reason for exam)	Please Check Exam Requested: Ordering Guidelines on reverse	
	Baseline	<input type="checkbox"/>
	Low Risk	<input type="checkbox"/>
	High Risk	<input type="checkbox"/>
	Patient Risk Factor Screening:	
	Fragility Fracture after age 40?	<input type="checkbox"/> Y <input type="checkbox"/> N
	Hip	<input type="checkbox"/> Y <input type="checkbox"/> N
	Vertebral	<input type="checkbox"/> Y <input type="checkbox"/> N
Other (specify) _____		
Previous Exam Information		
Prior BMD? <input type="checkbox"/> Y <input type="checkbox"/> N	Provide mechanism of fracture: _____	
Number of prior BMDs?: _____		
Date of most recent prior: DD/MM/YYYY _____		
Location of prior: _____		
	Prolonged Glucocorticoid Use	<input type="checkbox"/> Y <input type="checkbox"/> N
	Greater than 2 falls in last 12 months	<input type="checkbox"/> Y <input type="checkbox"/> N

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

Has the patient been prescribed steroid therapy for greater than or equal to 3 months in the last 12 months? Y N

- If yes, is it prescribed at a prednisone equivalent dose of 7.5mg/day? Y N
- If no, please specify dose: _____

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

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.

Grand River Hospital
835 King St. W
Kitchener ON N2G 1G3

Telephone: 519-749-4262
Fax: 519-749-4296
www.grhosp.on.ca

- All patients are to register in the Department of Medical Imaging, located on the **2nd Floor** of the hospital's **D 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 Diagnostic Imaging Department, 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 x4245
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.