

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"/> 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 |
| <input type="checkbox"/> Guelph General Hospital: (GGH) | 519-766-9982 | | |

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

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

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
	Has the patient been on steroid medication in the past year?	<input type="checkbox"/> Y <input type="checkbox"/> N
	How long? _____ Type _____ Dose _____	
Greater than 2 falls in last 12 months	<input type="checkbox"/> Y <input type="checkbox"/> 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?	<input type="checkbox"/> Y <input type="checkbox"/> 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.