



Bookings Tel: (705) 444-8670

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Patient Name: \_\_\_\_\_

D.O.B \_\_\_\_\_ Healthcard# \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

## BONE DENSITOMETRY REQUISITION (BMD)

Referring Physician Name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Billing number: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
YYYY / MM / DD

Copy to Family Doctor: \_\_\_\_\_ Fax: \_\_\_\_\_

☐ **BASELINE BMD: Patients with any of the following risk factors (check ALL that apply):**

- |   |  |
|---|--|
| <input type="checkbox"/> Female or Male age $\geq 65$   | <input type="checkbox"/> Menopausal female ( $\geq 1$ year post cessation of menstrual periods) with body weight $< 60$ kg |
| <input type="checkbox"/> History of fragility fracture (after age 40) <sup>1</sup>                    | <input type="checkbox"/> Male age 50 – 64 with body weight $< 60$ kg   |
| <input type="checkbox"/> Recent prolonged glucocorticoid use <sup>2</sup>                             |  |
| <input type="checkbox"/> Other high risk medication use <sup>3</sup>                                  |  |
| <input type="checkbox"/> Conditions associated with bone loss or fracture <sup>4</sup> SPECIFY: _____ |  |

☐ **FOLLOW UP BMD**

Date of last BMD: \_\_\_\_\_ (YYYY/MM/DD)

**For patients with no active risk factors for accelerated bone loss at LOW fracture risk on prior exam, OHIP will cover:**

- ☐ A second BMD test **3 YEARS AFTER** the baseline test
- ☐ A successive BMD test (i.e. 3<sup>rd</sup> or more) **5 YEARS AFTER** the last test

**Follow up BMD tests at intervals of EVERY 2-3 YEARS are appropriate for low bone mass and most MODERATE or HIGH risk patients (including those recently discontinuing therapy).<sup>5</sup>**

For any patient, follow up BMD Tests may be appropriate **AFTER 1 YEAR** if:

- ☐ Has a new fragility fracture<sup>1</sup>
- ☐ Active risk factor for bone loss<sup>2,3,4</sup>
- ☐ Significant bone loss on prior BMD exam<sup>6</sup>
- ☐ Initiated or changed to a new bone-sparing medication within the past year

**Comments:**

<sup>1</sup>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 and foot fractures

<sup>2</sup> $\geq 3$  months in the prior year at a prednisone equivalent dose  $\geq 7.5$  mg daily

<sup>3</sup>e.g. aromatase inhibitors, androgen deprivation therapy, anticonvulsant therapy

<sup>4</sup>e.g. primary hyperparathyroidism, osteogenesis imperfecta, uncontrolled hyperthyroidism, male hypogonadism, Cushing's disease, chronic malnutrition or malabsorption syndrome, chronic liver disease, COPD, and inflammatory conditions (e.g. inflammatory bowel disease, lupus, rheumatoid arthritis)

<sup>5</sup>refer to 2014 Choosing Wisely Canada recommendations: <http://www.choosingwiselycanada.org/recommendations/rheumatology/>

<sup>6</sup>OHIP defines significant bone loss as being in excess of 1% per year

**Patient Preparation:**

Patients should refrain from taking calcium supplements for 24 hours before their exam

A reminder CGMH is a scent free facility, no scents is good sense.