



<p style="margin: 0;">RCA Diagnostics</p> <p style="margin: 0; color: red;">820 - 777 Hornby Street (Corner of Robson) Vancouver, British Columbia V6Z 1S4</p>	<p style="font-size: small; margin: 0;">X-RAY USE ONLY</p>
---	--

<p style="font-size: x-small; margin: 0;">BILLABLE TO:</p> <p style="font-size: x-small; margin: 0;"> <input type="checkbox"/> MSP <input type="checkbox"/> ICBC <input type="checkbox"/> WORKSAFEBC <input type="checkbox"/> PATIENT <input type="checkbox"/> OTHER: </p>	<p style="font-size: x-small; margin: 0;">NAME OF PHYSICIAN & MSP PRACTITIONER NUMBER (or office stamp)</p>
<p style="font-size: x-small; margin: 0;">PERSONAL HEALTH NUMBER</p>	<p style="font-size: x-small; margin: 0;">DOB: YYYY / MM / DD</p>
<p style="font-size: x-small; margin: 0;">SURNAME OF PATIENT</p>	<p style="font-size: x-small; margin: 0;">FIRST NAME AND MIDDLE INITIAL</p>
<p style="font-size: x-small; margin: 0;">TELEPHONE # (INCLUDE AREA CODE)</p>	<p style="font-size: x-small; margin: 0;">GENDER</p> <p style="font-size: x-small; margin: 0;"> <input type="checkbox"/> M <input type="checkbox"/> F </p>
<p style="font-size: x-small; margin: 0;">ADDRESS</p>	<p style="font-size: x-small; margin: 0;">CITY/TOWN</p>
<p style="font-size: x-small; margin: 0;">POSTAL CODE</p>	<p style="font-size: x-small; margin: 0;">PREGNANT</p> <p style="font-size: x-small; margin: 0;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>
<p style="font-size: x-small; margin: 0;">COPY RESULTS TO:</p>	

<p style="font-size: x-small; margin: 0;">APPOINTMENT DATE</p>	<p style="font-size: x-small; margin: 0;">APPOINTMENT TIME</p>
--	--

PERTINENT HISTORY

<p style="font-size: x-small; margin: 0;">PREVIOUS BONE DENSITOMETRY</p> <p style="font-size: x-small; margin: 0;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </p>	<p style="font-size: x-small; margin: 0;">LOCATION</p>	<p style="font-size: x-small; margin: 0;">DATE</p>
<p style="font-size: x-small; margin: 0;">PREVIOUS LUMBAR SPINE X-RAYS</p> <p style="font-size: x-small; margin: 0;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </p>	<p style="font-size: x-small; margin: 0;">LOCATION</p>	<p style="font-size: x-small; margin: 0;">DATE</p>

EXAMINATION REQUESTED

SCREENING BONE MINERAL DENSITOMETRY (BMD)

- Payment is the responsibility of the patient. BMD is NOT insured for:
- Routine screening of men and women less than 65 years of age
 - Part of routine screening around time of menopause
 - Investigation of chronic back pain
 - Investigation of exaggerated dorsal kyphosis

DIAGNOSTIC BMD

BMD is only indicated if it is likely to alter treatment and is considered an MSP insured service for patients with moderate or higher risk of fracture, as outlined in the Osteoporosis Guideline at www.bcguidelines.ca. The risk can be determined using the FRAX calculator at www.shef.ac.uk/FRAX

- Risk factors include:
- Age > 65
 - Current smoking
 - Secondary Osteoporosis
 - Previous fragility fractures
 - Rheumatoid Arthritis
 - Alcohol consumption > 3 units/day
 - Having a parent with fractured hip
 - Glucocorticoids

Check One:

- Moderate Risk (10 - 20% 10 year fracture risk)
- High Risk (>20% 10 year fracture risk)
- Recent Hip Fracture
- History of Fragility Fracture

Follow-Up BMD Measurements

There is insufficient evidence to recommend testing frequency for patients not taking OP medications. For patients on OP medications, repeat BMD exams are not justified based on current evidence and not considered medically necessary prior to **3 years** after the original measurement and only if it is likely to alter patient management.

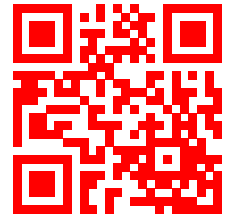
The following exceptions may apply:

- Patients receiving ≥ 7.5 mg prednisone daily, or its equivalent for 3 months consecutively who require a baseline examination and repeat scans at 6 month intervals while on treatment.
- Patients in whom an early exam may be indicated: moderate and high risk patients on OP medications with multiple risk factors and test is likely to alter patient management.

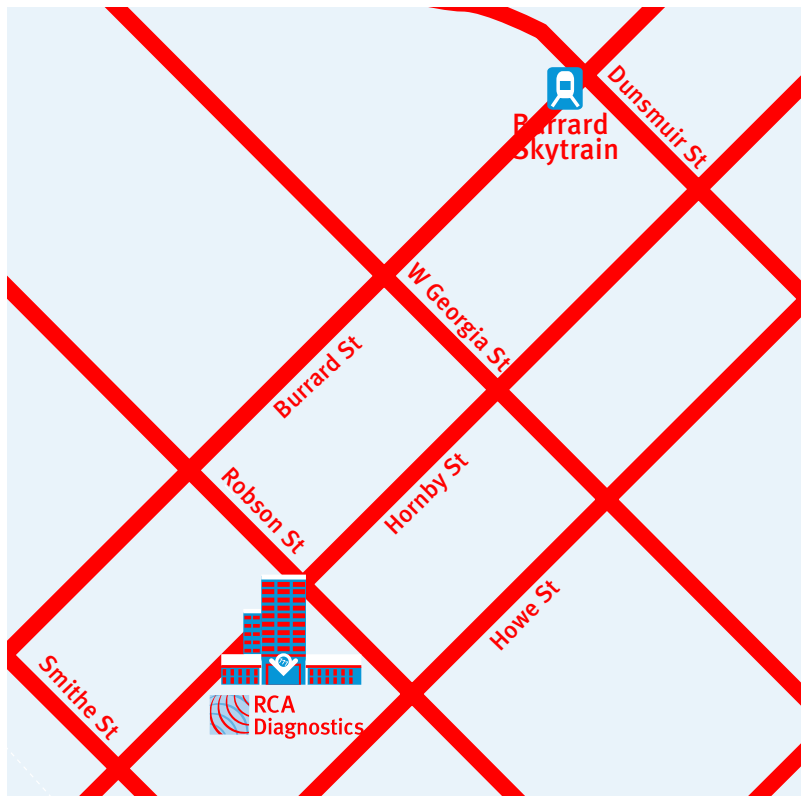
<p style="font-size: x-small; margin: 0;">TELEPHONE REQUISITION TIME</p>	<p style="font-size: x-small; margin: 0;">INITIALS OF RECORDER</p>	<p style="font-size: x-small; margin: 0;">DATE SIGNED (YYYY / MM / DD)</p>	<p style="font-size: x-small; margin: 0;">SIGNATURE OF REQUESTING PHYSICIAN</p>
--	--	--	---

1. Please bring your health insurance card and this requisition.
2. Arrive a few minutes early for your bone densitometry appointment. Please call if you are unable to keep your appointment 604.684.4177
3. Kindly advise us of any limitation of mobility prior to your exam.
4. Please do not wear fragrance as others may be sensitive.

For more patient information:



LOCATION



 **RCA
Diagnostics**

Phone: 604.684.4177

Fax: 604.684.4170

820 - 777 Hornby Street (Corner of Robson)
Vancouver, British Columbia V6Z 1S4

**MAYFAIR
DIAGNOSTICS**

MRI and CT exams available in Calgary on a fee-for-service basis.

Preventative screening for: Heart Disease (CT Angiography)

• Lung Cancer • Breast Cancer (Breast MRI)

• Colon Cancer (Virtual Colonoscopy)

120, 6707 Elbow Drive SW • Fax: 403.777.3198

www.mayfairdiagnostics.com

Order Form

Phone: 604.684.4177

Fax: 604.684.4170

820 - 777 Hornby Street (Corner of Robson)

Attention! You are almost out of requisition forms.

To replenish your supply of Bone Densitometry requisition forms:

Call us at 604.684.4177

E-mail your request to requisitions@radiology.ca

Fax this form to 604.684.4170

Print requisitions directly from www.radiology.ca

Clinic: _____

Address: _____

Phone: _____

Number of requisition pads required: _____

Number of people working at your clinic: ____ (MDs) ____ (Staff)

(For future educational and/or CME events)

Thank you for your referrals.



MAYFAIR
DIAGNOSTICS

MRI and CT exams available in Calgary on a fee-for-service basis. Usually within 48 hours.

Preventative screening for: Heart Disease (CT Angiography)

• Lung Cancer • Breast Cancer (Breast MRI)

• Colon Cancer (Virtual Colonoscopy)

120, 6707 Elbow Drive SW • Fax: 403-777-3198

www.mayfairdiagnostics.com