

MRN#

Accession#

Name: _____ **Gender:** _____ **DOB:** _____ **Age:** _____
Exam Time: _____ **Priority:** _____ **Phone:** _____
Referring Physician: _____ **Ref. Phys. Phone:** _____
Exam: _____ **Correlating SSR Studies:** _____
Height: _____
Weight: _____
Forearm Length: _____ **Chief Complaint:** _____

	FX Risk	Change
Lumbar: 1. Diagnostic 2. Limited because of spondylosis 3. Limited because of scoliosis and spondylosis		
Hip: 1. Diagnostic 2. Limited		
Forearm: 1. Diagnostic 2. Limited		

FRACTURE RISK: If T score is:
 0 to -0.99, relative risk is **1 to 2 times**
 -1.0 to -1.99, relative risk is **2 to 4 times**
 -2.0 to -2.49, relative risk is **4 to 6 times**
 -2.5 to -2.99, relative risk is **6 to 9 times**
 < or = to 3, relative risk is **greater than 9 times**

YES	NO
NOTE: A conversion factor has been applied to the previous bone density measurements to make them more comparable to the current exam. However, please note that the prior study was performed on equipment from a different manufacturer.	

LB JGB JF MI VK RM TP KR CS DS AT

RECOMMENDATION BASED ON BONE DENSITY:

1. Routine preventative measures to prevent bone loss.
2. Routine preventative measures and appropriate medical management would be recommended to prevent further bone loss. Further examination should be considered in approximately five years.
3. Preventative measures plus antiresorptive therapy should be considered. Follow up scan in 1-3 years.

Change:
 95% Confidence
 Spine .0223 gr/cm2
 Femur .0267 gr/cm2
 Forearm .0105 gr/cm2

PATIENT HISTORY Please fill out information below:

Have you had a previous Bone Density? Yes No If yes, where/when _____
 Are you post menopausal? Yes No Age of last menstrual period? _____

Have you ever **fractured or had surgery** on any of the following areas? Yes No

- a. Hip If so, which side? Right Left
- b. Forearm/Wrist Right Left
- c. Lumbar (low back)

Do you have any spinal abnormalities? Yes No

Are you on steroid therapy? Yes No
 If yes, what type? _____

Do you have a history of metabolic disease? Yes No
 (i.e. hyperparathyroidism, pituitary disorder, kidney failure, etc.)

Is this a follow up for response to drug therapy? Yes No

Have you lost **height** since high school? Yes No
 If so, how much? _____

PATIENTS: PLEASE CIRCLE WHAT YOU ARE CURRENTLY TAKING:

- a. Not taking medications for osteoporosis
- b. Calcium
- c. Estrogen
- d. Multivitamin
- e. Fosamax
- f. Evista
- g. Actonel
- h. Boniva
- i. Forteo
- j. other medications **for osteoporosis:**

