



9 Health Care Drive, Suite 106  
Biddeford, ME 04005

PHYSICIAN ORDER FORM – BONE DENSITY SCAN REQUEST  
Scheduling Phone (207) 283-7171

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Exam Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Signature of Ordering Physician

**BONE DENSITOMETRY**

***Please check (✓) appropriate history:***

- |  |  |
|--|--|
| <input type="checkbox"/> History osteoporosis                      | <input type="checkbox"/> Chronic renal failure                                       |
| <input type="checkbox"/> Estrogen deficiency                       | <input type="checkbox"/> Renal osteodystrophy  |
| <input type="checkbox"/> Vertebral abnormality/history of fracture | <input type="checkbox"/> Osteomalacia  |
| <input type="checkbox"/> Radiographic osteopenia                   | <input type="checkbox"/> Rheumatoid arthritis  |
| <input type="checkbox"/> Asymptomatic primary hyperparathyroidism  | <input type="checkbox"/> Pre-transplant evaluation                                   |
| <input type="checkbox"/> Corticosteroid therapy                    | <input type="checkbox"/> History of low impact fracture                              |
| <input type="checkbox"/> Cushing syndrome                          | <input type="checkbox"/> Premature menopause includes post irradiation/post surgical |
| <input type="checkbox"/> Malabsorption                             |  |
| <input type="checkbox"/> Pathological fracture of vertebra         |  |
| <input type="checkbox"/> Anorexia nervosa                          |  |
| <input type="checkbox"/> Other: (Please specify) _____             |  |
| _____  |  |
| _____  |  |
| _____  |  |
| _____  |  |

**Important Information:**

- Please **DO NOT** take solid calcium tablets **24 hours** prior to your bone density exam, as it interferes with the test. If possible, please wear loose fitting elastic waist pants with no zippers or buttons. You may be asked to remove your bra for the exam.
- Please arrive 15 minutes prior to your appointment time to allow for registration.
- If we can be of further assistance, please call us at 283-7171.

**NOTE: Routine examination includes bone mineral density measurements of the lumbar spine and proximal femur.**