



BONE DENSITY OUTPATIENT ORDERS



12401 Washington Blvd.
Whittier, CA 90602
P: 562.698.0811
TDD: 562.696.9267

ACT: _____ MR: _____
DOB: _____
ADM: _____ RM: _____

PATIENT INFORMATION	Order Priority <input type="checkbox"/> STAT
Name _____	DOB _____ Age _____
Phone Number _____	Insurance _____
<input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> Other _____	Auth # _____
Please contact the scheduling office at 562.698.0811 Ext. 17072 Fax signed order to 562.464.5018	

EXAM ORDERED
<input type="checkbox"/> DEXA – Diagnostic OR <input type="checkbox"/> DEXA – Screening

Diagnosis
Select ALL appropriate diagnosis for medical necessity

- Screening for osteoporosis
- Menopause; age related
- Osteopenia
- Long term or current use of steroids: Systemic
- Long term or current use of steroids; Inhaled
- Use of Aromatase inhibitors (i.e., Arimidex, Aromasin, Femora)
- Use of SERMs (Selective Estrogen Receptor Modulators – i.e., Evista, Nolvadex, Fareston)
- Use of Hormone Replacement Therapy
- Monitoring of patient on FDA approved medication(s) for osteoporosis treatment
- Monitoring of patient on FDA approved medication(s) for osteoporosis prevention
- Osteoporosis
- Premature ovarian failure
- Status post oophorectomy
- Rheumatoid arthritis
- Fracture of vertebra _____ (site)
- Fracture, non-traumatic _____ (site)
- History of pathological/non-traumatic fracture
- Other _____

Physician Printed Name _____

Time _____ Date _____ Physician Signature _____ Orders Noted RN Signature/Date/Time _____

Faxed to Pharmacy _____ Date/Time _____