

# BONE MINERAL DENSITOMETRY REFERRAL



## PATIENT DETAILS

Patient name:

Birth date:

Address:

Phone:

Medicare number:

WorkCover claim number:

## EXAMINATION REQUESTED

**Item 12306** One service only in a 24 month period

- Confirmation of a presumptive diagnosis of low bone mineral density made on the basis of one or more fractures occurring after minimal trauma.
- Monitoring of low bone mineral density proved by previous bone densitometry. (Low BMD is present when BMD >2.5 SD below young normal mean or >1.5 SD below age matched mean)

**Item 12315** One service only in a 24 month period

- Primary hyperparathyroidism
- Chronic liver disease
- Chronic renal disease
- Proven malabsorptive disease
- Rheumatoid arthritis
- Conditions associated with thyroxine excess

**Item 12312** One service only in a 12 month period

- Prolonged glucocorticoid therapy
- Conditions associated with excess glucocorticoid secretion
- Male hypogonadism,
- Female hypogonadism lasting more than 6 months before age 45 years

**Item 12321** One service only in a 12 month period

- Measurement of BMD 12 months following a significant change in therapy for established low bone mineral density. (Change in class of drugs rather than change in dose regime).

**TO BE USED ONLY IF NO OTHER BMD ITEM NUMBER APPLIES. FOR PATIENTS 70 YEARS OR OVER.**

**Item 12320** Restricted to once only in a 5 year period

- The patient has not previously had a BD, or
- Has had previous BMD showing T-score of -1.5 or above

**Item 12322** Restricted to once only in a 2 year period

- Has had previous BMD showing T-score lower than -1.5 but more than -2.5.

## ROUTINE BMD MEASUREMENT

- Includes all other indications. No Medicare benefit applicable. Our normal fee applies.

## CLINICAL DETAILS

## REFERRING PRACTITIONER

Name:

Address:

Contact details:

Signature:

Provider number:

Date:

Send copy to:

For enquiries or bookings call Qscan Ryde on 02 9813 2500



**BOOK AN APPOINTMENT**

# YOUR NEXT APPOINTMENT

Date:

Time:

Preparation:



Please bring this referral, Medicare and health care cards to your appointment along with any previous relevant films.

## IMPORTANT

Unless stated otherwise, please continue to take your usual medications on the day of the procedure. For children and diabetics please discuss preparation with radiology reception. Please advise booking staff if you are pregnant.

**MRI** - Please contact reception if you have any of the following:

- **Absolute contraindications** - Cardiac pacemakers
- **Relative contraindications** - Intracranial aneurism clips, intraocular foreign bodies, metallic implants (including cochlear), extreme claustrophobia, reduced renal function

## LOCATION



### RYDE

1/1 Pope St  
(above Ryde library),  
Ryde NSW 2112

p: 02 9813 2500

f: 02 8252 2090

e: ryde@qscan.com.au

Parking available at Top Ryde Shopping centre.  
Drop off point directly outside library door.

- X-ray
- Ultrasound
- CT
- BMD
- Dental imaging and OPG
- Interventional procedures
- Mammography

All images are digitally archived for ten years and can be accessed by your doctor online anytime.

Your doctor has recommended you attend Qscan Radiology Clinics. You may choose another provider but please discuss this with your doctor first.