

# 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:



**BOOK AN APPOINTMENT**