

BONE MINERAL DENSITOMETRY REFERRAL



PATIENT		
<i>Name</i>	<i>Home</i>	
<i>Address</i>	<i>Mobile</i>	
<i>Date of birth</i>	<i>Medicare No.</i>	<i>Gender</i>

**QSCAN RYDE
(PREVIOUSLY
RYDE RADIOLOGY)**

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ryde@qscan.com.au

X-RAY

OPG

ULTRASOUND

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INTERVENTIONAL

PROCEDURES

MAMMOGRAPHY

BONE DENSITOMETRY

**FREE PARKING
AVAILABLE**

REQUEST		
Item 12306 One service only in a 24 month period.	Item 12315 One service only in a 24 month period.	
<input type="checkbox"/> Confirmation of a presumptive diagnosis of low bone mineral density made on the basis of one or more fractures occurring after minimal trauma.	<input type="checkbox"/> primary hyperparathyroidism	
<input type="checkbox"/> Monitoring of low bone mineral density proven 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)	<input type="checkbox"/> chronic liver disease	
	<input type="checkbox"/> chronic renal disease	
	<input type="checkbox"/> proven malabsorptive disease	
	<input type="checkbox"/> rheumatoid arthritis	
	<input type="checkbox"/> conditions associated with thyroxine excess	

Item 12312 One service only in a 24 month period.	Item 12321 One service only in a 24 month period.
<input type="checkbox"/> prolonged glucocorticoid therapy	<input type="checkbox"/> 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)
<input type="checkbox"/> conditions associated with excess glucocorticoid secretion	
<input type="checkbox"/> male hypogonadism, female hypogonadism lasting more than 6 months before age 45 years	

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	Item 12322 Restricted to once only in a 2 year period
<input type="checkbox"/> The patient has not previously had a BD, or	<input type="checkbox"/> Has had previous BMD showing T-score lower than -1.5
<input type="checkbox"/> Has had previous BMD showing T-score of -1.5 or above	

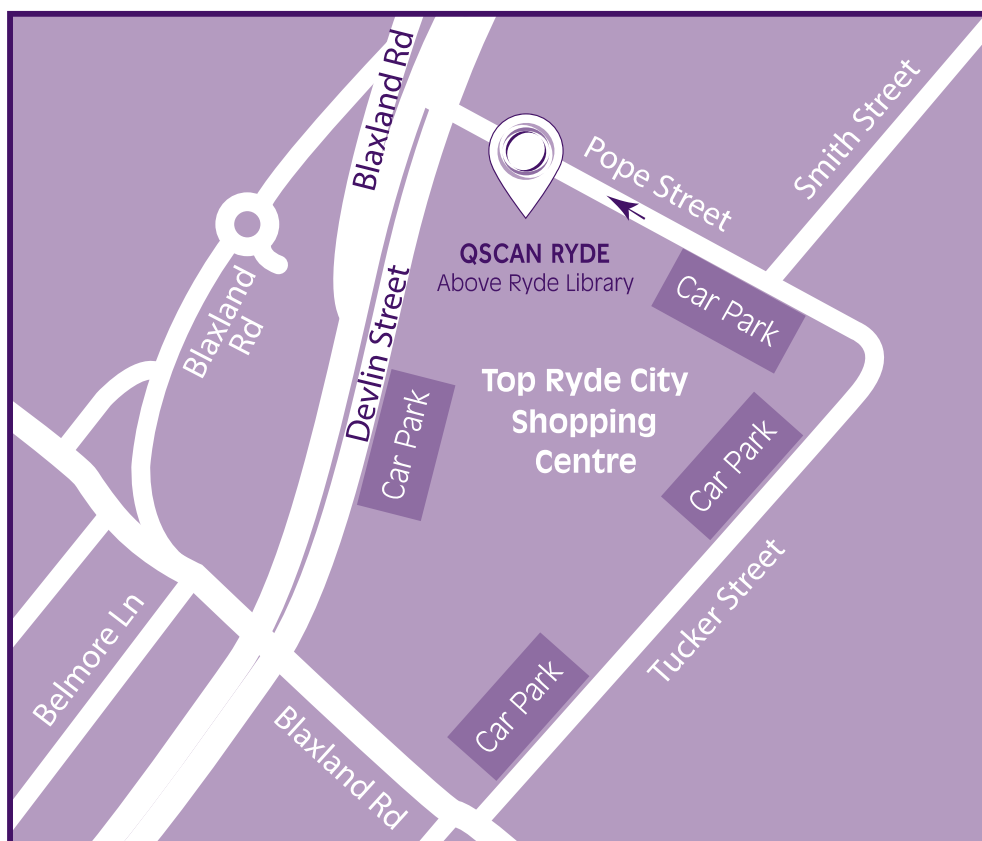
ROUTINE BMD MEASUREMENT
<input type="checkbox"/> Includes all other indications. No Medicare Benefit applicable. Our normal fee applies

CLINICAL HISTORY

PATIENT NOTES		
<i>Appointment Date:</i>	<i>Time:</i>	<i>Branch:</i>
<i>Preparation notes:</i> Please bring all previous Bone Density studies		
Please bring this form, Medicare and health care cards to your appointment along with any previous relevant films. Your doctor has recommended you use Qscan Radiology Clinics for quality imaging. You may choose another provider but please discuss this with your doctor first.		

DOCTOR		<i>Provider Number</i>
<i>Name</i>	<i>Number</i>	
<i>Address</i>		
<i>Date</i>	<i>Sign</i>	Films - Yes <input type="checkbox"/>
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<i>Copy to</i>		

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