

North Bay Regional Health Centre

Diagnostic Imaging  
**Bone Mineral Density Requisition**  
(705) 474-8600 ext. 2820

Patient Name: \_\_\_\_\_

Health Card #: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Phone: \_\_\_\_\_

**FAILURE TO COMPLETE THIS REQUISITION IN FULL WILL RESULT IN A DELAY OF BOOKING THE EXAM FOR ELIGIBILITY, PLEASE SEE OHIP SCHEDULE OF BENEFITS CRITERIA**

- Baseline (patient limited to one baseline test in their lifetime)
- Low to Medium Risk (patient is eligible for subsequent low to medium risk test 60 months from last test)
- High Risk (patient is eligible for high risk test 36 months from last test if they meet OHIP schedule of benefits criteria)
- Additional Risk Factors (patients is eligible for one test every 12 months if they meet OHIP schedule of benefits criteria)

**Previous BMD**  Yes  No

If yes: Date of last BMD \_\_\_\_\_ Where: \_\_\_\_\_

Special needs (example: wheelchair, or requires mechanical lift)  Yes  No

If yes, please specify:

**CLINICAL HISTORY (Mandatory)**

**\*Please Fax all requisition to 705-495-7984 for appointment time.**

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

Print Name of Ordering Physician: \_\_\_\_\_

For non NBRHC physicians: Please include Ordering Physician # for billing purposes to avoid any delays in care # \_\_\_\_\_

Physician  Resident  Nurse practitioner

Address: \_\_\_\_\_ Fax# \_\_\_\_\_

**Patient Information**

- **Do not take calcium pills or multivitamins containing calcium the day of your test.**
- Remove any bellybutton rings.
- **Do not wear perfume OR metal on clothing.**  
If you are unable to keep this appointment, please call 705 474 8600 ext 2820 to change it.

**Renseignements à l'intention du patient**

- **Ne prenez pas de comprimés de calcium ou de multivitamines contenant du calcium le jour du test.**
- Enlevez les anneaux pour nombril.
- **Ne portez pas de parfum ou de métal sur les vêtements.**  
Si vous ne pouvez pas vous présenter à ce rendez-vous, téléphonez au 705 474-8600, poste 2820, pour changer le rendez-vous.

Office use only:

Patient Contact: 1.Date: \_\_\_\_\_ 2.Date: \_\_\_\_\_ 3.Date: \_\_\_\_\_

Patient Notified: Date: \_\_\_\_\_ Clerk Initial: \_\_\_\_\_ Pt. Instructions given \_\_\_\_\_