

**BONE DENSITOMETRY REQUISITION (BMD)**

Referring Physician Name (please print): _____	Signature: _____
Date: ____/____/____ YYYY / MM / DD	Billing number: _____ Tel: _____ Fax: _____

**BASELINE BMD**

**Patients with any of the following risk factors (check ALL that apply):**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Female or Male age <math>\geq</math> 65</li> <li><input type="checkbox"/> History of fragility fracture (after age 40)<sup>1</sup></li> <li><input type="checkbox"/> Recent prolonged glucocorticoid use<sup>2</sup></li> <li><input type="checkbox"/> Other high risk medication use<sup>3</sup></li> <li><input type="checkbox"/> Conditions associated with bone loss or fracture<sup>4</sup> SPECIFY: _____</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Menopausal female (<math>\geq</math> 1 year post cessation of menstrual periods) with body weight &lt; 60kg</li> <li><input type="checkbox"/> Male age 50 – 64 with body weight &lt; 60 kg</li> </ul> |
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**FOLLOW UP BMD**

Date of last BMD: \_\_\_\_\_ (YYYY/MM/DD)

**For patients at LOW fracture risk on prior exam, OHIP will cover:**

- A second BMD test **3 YEARS AFTER** the baseline test
- A successive BMD test (i.e. 3<sup>rd</sup> or more) **5 YEARS AFTER** the last test

**Follow up BMD tests at intervals of EVERY 2-3 YEARS are appropriate for most MODERATE or HIGH risk patients (including those recently discontinuing therapy).<sup>5</sup>**

For any patient, follow up BMD Tests may be appropriate **AFTER 1 YEAR** if:

- Has a new fragility fracture<sup>1</sup>
- Active risk factor for bone loss<sup>2,3,4</sup>
- Significant bone loss on prior BMD exam<sup>6</sup>
- Initiated or changed to a new bone-sparing medication within the past year

**Comments:**

<sup>1</sup>defined as fracture that occurs spontaneously such as vertebral fracture identified on X-ray or after minor trauma such as a fall from standing height or less, EXCLUDING craniofacial, hand, ankle and foot fractures

<sup>2</sup> $\geq$ 3 months in the prior year at a prednisone equivalent dose  $\geq$  7.5 mg daily

<sup>3</sup>e.g. aromatase inhibitors, androgen deprivation therapy, anticonvulsant therapy

<sup>4</sup>e.g. primary hyperparathyroidism, osteogenesis imperfecta, uncontrolled hyperthyroidism, male hypogonadism, Cushing’s disease, chronic malnutrition or malabsorption syndrome, chronic liver disease, COPD, and inflammatory conditions (e.g. inflammatory bowel disease, lupus, rheumatoid arthritis)

<sup>5</sup>refer to 2014 Choosing Wisely Canada recommendations: <http://www.choosingwiselycanada.org/recommendations/rheumatology/>

<sup>6</sup>OHIP defines significant bone loss as being in excess of 1% per year