TQEH REQUEST FOR BONE DENSITOMETRY

LUMBAR SPINE AND UPPER FEMUR

Email: Health.FaxEndocrineUnitQEH@sa.gov.au

Kindly refrain from initiating phone calls, as our team will reach out to you with the necessary appointment details at the earliest convenience.

Patient Name: **Phone No:**

Address:

DOB: **Medicare No:** **Expiry Date:**

ASSESSMENT OF MEDICARE ELIGIBILITY - PLEASE TICK

☐ Previous minimal-trauma fracture(s) ☐ Monitoring osteoporosis **12306**
Spine Femur Humerus Pelvis Forearm Other [T-Score<-2.5 or Z-Score<-1.5]
(Service eligible once per two years)

☐ Monitoring osteoporosis twelve months after significant change in therapy **12321**
(Service eligible once per year)

☐ Primary Hyperparathyroidism ☐ Chronic Liver Disease ☐ Chronic Renal Disease
☐ Rheumatoid Arthritis ☐ Malabsorptive Disorder ☐ Thyroxine Excess **12315**
(Service eligible once per two years)

☐ Female hypogonadism lasting more than 6 months before the age of 45
☐ Male hypogonadism ☐ Glucocorticoid therapy ☐ Glucocorticoid excess (eg Cushings) **12312**
(Service eligible once per year)

☐ 70 years of age or over – baseline assessment (Service eligible once per five years) **12320**
☐ 70 years of age or over – follow-up with T-score < -1.5 (low bone density)
(Service eligible once per two years) **12322**

Additional Information: **Age of menopause:**

OTHER RISK FACTORS FOR CALCULATION OF FRAX - PLEASE TICK

☐ History- parent with hip fracture ☐ Smoker ☐ Diabetic ☐ Alcohol- 3 or more units per day

CURRENT TREATMENT – PLEASE TICK

☐ Calcium supplementation
☐ Vitamin D
☐ Calcitriol
☐ Oestrogen replacement
☐ Testosterone
☐ Bisphosphonate: weekly/monthly tablet (Alendronate/ Risedronate)
☐ Bisphosphonate: annual infusion (Zoledronic acid)
☐ Denosumab: 6 monthly injection (Prolia)
☐ Selective Estrogen Receptor Modulator (Raloxifene, Tamoxifen)
☐ Teriparatide daily injection (Forteo)
☐ Romosozumab monthly injection (Evenity)

REFERRING MEDICAL PRACTITIONER		**COPY OF RESULTS TO**
Doctor :	**Phone:**	**Doctor:**
Provider No:		**Address:**
Address:		
Signature:	**Date:**	

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