BONE DENSITY PROGRAM
Program Forms

May 8, 2019

Bone Density and J. P. Maclean Osteoporosis Centre
St. Boniface General Hospital
408 - 400 Tache Avenue, Winnipeg, MB R2H 3C3
Phone (204) 237-2756 FAX (204) 237-4195

Department of Nuclear Medicine / Bone Density
Diagnostic Imaging / Brandon Regional Health Centre
G149 - 150 McTavish Ave E., Brandon, MB R7A 2B3
Phone (204) 578-4325 FAX (204) 578-4986

REQUISITION FOR BONE MINERAL DENSITY TESTING

Patient Name:
DOB (d-m-y): ___ - ____ - _____
MHSC:
PHIN:
Patient Address:
Patient Phone (home):
(work):
Requesting MD:
Copy report to:

SELECT ALL APPLICABLE REASONS FOR TESTING:

- ☐ Vertebral low-trauma (fragility) fracture proven by x-ray (*Note: Bone density testing is not required for diagnosis of osteoporosis as active treatment is usually indicated. Attach copy of x-ray report as this will help in test interpretation.*)
- ☐ Non-vertebral fragility fracture proven by x-ray
- ☐ Osteopenia or osteoporosis identified on x-ray
- ☐ Systemic corticosteroid therapy for more than 3 months in the last year
- ☐ Aromatase inhibitor therapy for breast cancer
- ☐ Prolonged amenorrhea, surgical menopause or premature menopause prior to age 45
- ☐ Woman age 65 or older (screening in men, and in women younger than age 65, are not approved indications unless additional risk factors are provided below)
- ☐ Follow up of a previous bone density measurement (recommended initial interval 3 years for most patients, at least 5 years if previously reported as low risk, 1 year in patients on systemic corticosteroid therapy or aromatase inhibitors)

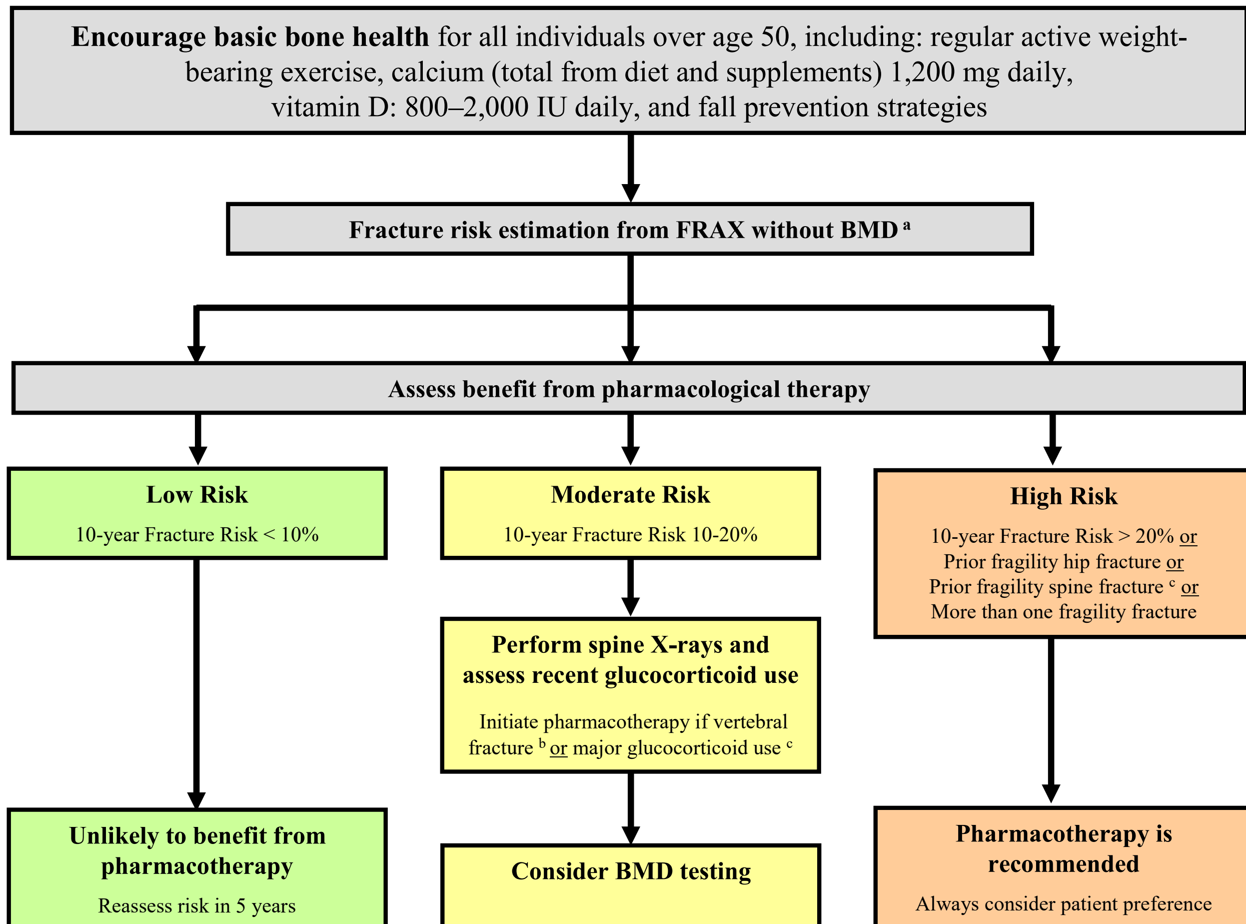
Date of previous test: ______________ **Location of previous test:** _______________

Other indications *may* be considered if appropriate clinical justification is provided.

Physician's Signature: __________________________

Fracture Risk Assessment without BMD Testing

For patients unable or unwilling to undergo BMD testing



Footnotes:

[a] For patients unable or unwilling to undergo BMD testing, fracture risk assessment without BMD using the Canadian FRAX tool (http://www.shef.ac.uk/FRAX/tool.jsp?country=19) can be helpful in guiding the need for BMD testing or treatment. This tool has been validated for fracture prediction in the Canadian population (Leslie WD, et al. Fracture risk assessment without bone density measurement in routine clinical practice. *Osteoporosis International* 2011).

[b] Definite non-traumatic vertebral fractures (>25% height loss with end-plate depression) are associated with a 5-fold increased risk for recurrent vertebral fractures. Equivocal spine fractures are not strong indicators of osteoporosis.

[c] Major glucocorticoid use is prednisone (or equivalent) at a daily dose of 5 mg or greater for at least 90 days in the preceding year. Physiologic use for adrenal replacement is excluded.

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Dear Doctor:

Subject: Bone Mineral Density Measurement

The attached request for bone mineral density measurement is being returned for the following reason(s):

~ We have been unable to contact the patient

~ Patient failed to attend two booked appointments

~ Submission must use ARequisition for Bone Mineral Density Measurement@

~ Requisition incomplete: select AReason for Test@

~ Does not meet approved guidelines without further justification

~ Normal menopause in a woman age < 65 or a man (any age) without additional risk factors for fracture is not an approved indication for testing without further justification.

~ Premenopausal woman without medical risk factors (e.g., steroids, amenorrhea)

~ The testing interval is too short to detect a significant change (in patients not receiving steroids or aromatase inhibitors recommended interval 3 years and at least 5 years in low risk patients). Please resubmit request shortly before the appropriate follow-up time.

~ Additional monitoring in a patient with previously documented treatment response (BMD stable or increased) is not an approved indication for testing without further justification.

~ Other:

Yours sincerely,

Bill Leslie, MD, FRCPC
Chair, Manitoba Bone Density Program

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TO BE COMPLETED BY THE PATIENT.

Please take a few minutes to complete this questionnaire. This information will be used to provide your doctor with a more complete interpretation of the bone density test, since test results need to be considered with other risk factors for osteoporosis (brittle bones).

If you answer YES to any of the following, please *phone* the receptionist immediately:

Is there any chance that you are *pregnant*?
Have you had a barium x-ray in the last *2 weeks*?
Have you had a nuclear medicine scan or x-ray dye in the *last week*?

1. a) Please list all prescription medications that you take regularly, starting with osteoporosis medications (including estrogen hormones).	1.__________ 2.__________ 3.__________ 4.__________ 5.__________ 6.__________ 7.__________ 8.__________
b) Are you currently taking any prescription medication for osteoporosis? Since when?	○Yes ○No
c) Have you previously taken any prescription medication for osteoporosis? Which medication? When did you start and stop?	○Yes ○No
2. Please list any major health conditions diagnosed by a doctor and that need regular treatment.	
3. Have you ever had an operation on your: If yes, what type of operation?	Right Hip or Leg ○ Yes ○No Left Hip or Leg ○ Yes ○ No Spine or Lower Back ○Yes ○No
4. Have you ever had a bone density test before? If Yes, please indicate where.	○Yes ○No Done at:
5. Have you had any back x-rays in the last year? If Yes, please indicate where.	○Yes ○No Done at:
6. What is your major ethnic origin? (Your answer may affect your test results.)	○ White ○ Black ○ Aboriginal ○ Asian-Oriental ○ Asian-Indian ○ Other (Specify):
7. Have you had a menstrual period in the last year unrelated to medication (women only)? ○Yes ○ No	Age of last menstrual period:_____ Hysterectomy? ○Yes ○No Ovaries removed? ○Yes ○No

Continued on reverse side…

______________________ ______________________
Your printed name **Today's Date**

1. Have you broken/fractured any bones shown by x-ray after age 40? (Include spine "crush" or "compression" fractures.) ○ Yes ○ No

   What bone(s) did you break? ________________/________________

   How and when did you break it? ________________/________________

   Where was the x ray done? ________________/________________

2. Did either of your birth parents have surgery for a broken hip between age 50 and 80? (Do NOT include after age 80, adoption or surgery for arthritis.)

   ○ Yes (Mother) ○ Yes (Father) ○ No ○ Don't know

3. Are you currently a regular smoker?

   ○ Yes ○ No

4. In a typical week, how many average size drinks with alcohol do you have?

   ________________ ○ None

5. Has a doctor diagnosed and treated you for rheumatoid arthritis? (Do NOT include other kinds of arthritis like osteoarthritis.)

   ○ Yes ○ No ○ Don't know

6. Has a doctor diagnosed and treated you for diabetes? If yes, for how long?

   ○ Yes. Years with diabetes: ______ ○ No ○ Don't know

7. In the last year have you taken an oral steroid medication (such as prednisone)?

   ○ Yes ○ No ○ Don't know

   If yes, in the past 12 months for how many weeks total did you take this steroid medication and what was your average daily dose?

8. Have you fallen in the last year? (Do NOT include minor slips or from sports.)

   ○ Yes. How many times? ______ ○ No ○ Don't know

FOR STAFF USE ONLY

Height: _______ inches Estimated Weight: _______ lbs Estimated

Fracture: Average-risk High-risk Alcohol≥3 units/d Aromatase inhibitor

Steroid dose: Low(≤2.5mg) Moderate High(>7.5mg) Diabetes 10yrs

On treatment: Bisphosphonate ____ yrs Other ____ yrs Secondary osteoporosis

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Memo

To Ordering Physician: Dr. ______________________________

Date: ______________________________

Patient: ______________________________

Re: Confirmatory Fracture Information

The attached bone mineral density test requisition that you submitted indicates the presence of a radiographically confirmed fragility fracture in this patient. The risk factor questionnaire completed by the patient at the time of the test does not list any fractures after the age of 50 years. The reason for the discrepancy is unclear. A fracture after the age of 50 strongly affects the absolute 10-year fracture risk calculation.

If you have documentation of a fracture (usually an x-ray report) then please FAX this to our attention at your earliest convenience. If we do not receive confirmation of a fracture during the next week then the patient's fracture risk will be calculated based upon the patient's questionnaire response (i.e., no fracture after age 50).

Yours sincerely,

Bill Leslie, MD, FRCPC
Chair, Manitoba Bone Density Program

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Memo

To Ordering Physician: Dr. ______________________________

Date: ______________________________

Patient: ______________________________

Re: X-ray Report

In order to accurately report this patient's bone mineral density test we require a copy of the follow X-ray report(s):

Please FAX this to our attention at your earliest convenience.

Yours sincerely,

Bill Leslie, MD, FRCPC
Chair, Manitoba Bone Density Program