

St Vincent's Clinic Bone Densitometry

Suite 505, St Vincent's Clinic

Phone: 02 8382 6560

Patient: DOB:

Address/Tel:

Test Required:

<input type="checkbox"/> Lumbar and Femoral BMD	<input type="checkbox"/> Body Composition
<input type="checkbox"/> Lateral Vertebral Assessment	<input type="checkbox"/> Radial Shaft BMD

Other

Item 12320*** Age over 70. Screening; or follow up if T-Score above -1.5
Item 12322** Age over 70. Previous T-Score less than -1.5 and above -2.5

Item 12306** Presumed osteoporosis (fracture after minimal trauma)
 Previous BMD T-Score -2.5 or lower; or Z-Score -1.5 or lower

Item 12312* Steroids \geq 4 mths & \geq Pred 7.5mg Cushing's syndrome
 Female hypogonadism < 45 years Male hypogonadism

Item 12315** Primary hyperparathyroidism Chronic liver disease
 Proven malabsorption Chronic renal disease
 Hyperthyroidism Rheumatoid arthritis

Item 12321* Monitor change in osteoporosis therapy after 1 year of treatment

OR: Other screening (no Medicare rebate)

* 1 service per 12 months ** 1 service per 24 months *** 1 service per 5 years

Referrer: Provider No.:

Email:

Phone: Fax:

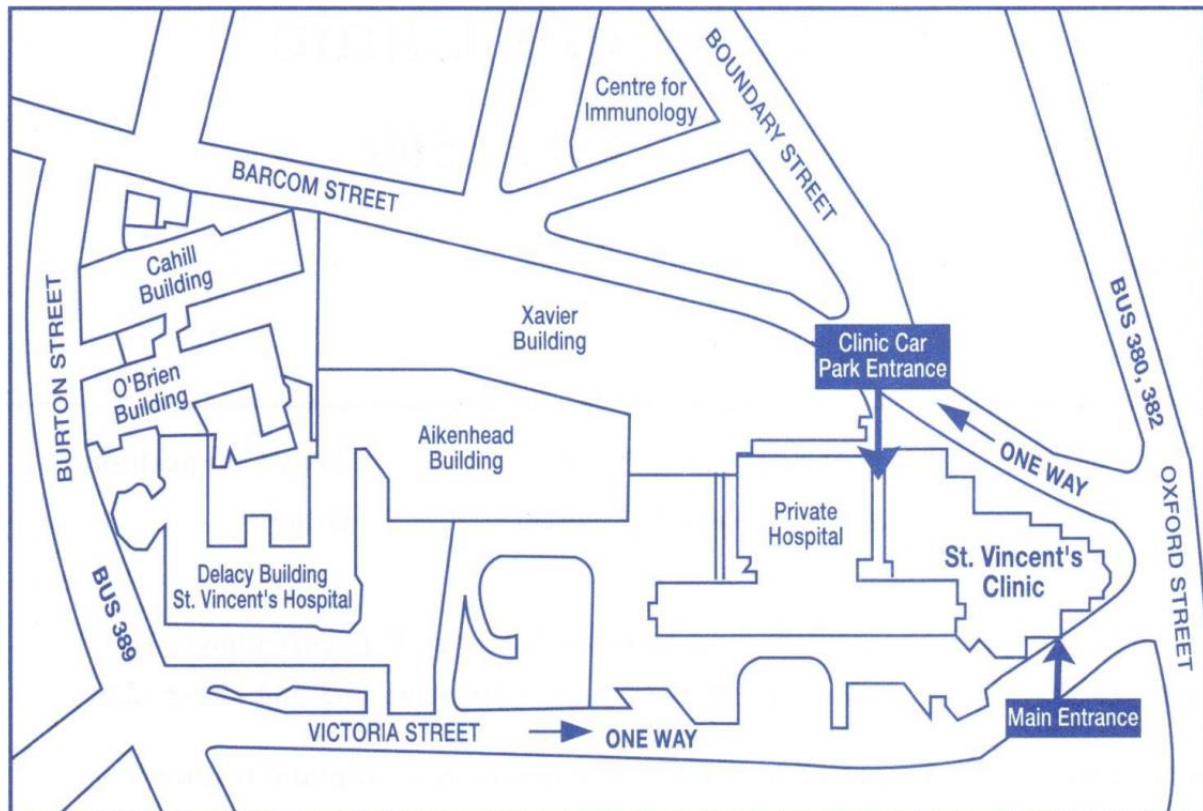
Address:

Send Report Via: [MediWeb](#) [HealthLink](#) [Email](#) Fax Mail

CC:

Signature: Date:

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A/Prof. N. Pocock

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**Tel: 02 8382 6560
02 8382 6572
Fax: 02 8382 6561**

Appointment Date: Time:

For your convenience:

Please advise, when booking, any need for mobility assistance during your appointment.

Please ensure your appointment is before any procedures needing radiological contrast.