

BONE DENSITOMETRY CHECKLIST (DEXA SCAN)

TO ENSURE YOU ARE BILLED CORRECTLY FOR THIS PROCEDURE. PLEASE ANSWER THE FOLLOWING QUESTIONS ACCURATELY AND HONESTLY

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|-------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Have you had a Bone Densitometry (DEXA) Scan?
<i>If you answered no please go to question 4.</i> | Yes | No |
| 2. Was your previous DEXA scan performed less than 2 years ago? | Yes | No |
| 3. Did you have a low bone density reading at the time of your last scan (Osteoporosis)? | Yes | No |
| 4. Have you had one or more recent fractures as a result of minimal trauma?

<i>If yes, which area of your body & when? _____</i> | Yes | No |
| 5. Do you have hyperparathyroidism? | Yes | No |
| 6. Do you have chronic liver disease? | Yes | No |
| 7. Do you have chronic renal disease? | Yes | No |
| 8. Do you have rheumatoid arthritis? | Yes | No |
| 9. Do you have conditions associated with Thyroxine excess? | Yes | No |
| 10. Do you have proven malabsorptive disorders? (For example, Crohn's Disease) | Yes | No |
| 11. Are you currently on Gluco-Cortico Steroids?

<i>If yes, for which medical condition were they prescribed? (Ex: Asthma)
_____</i> | Yes | No |

FEMALE PATIENTS ONLY:

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| Have you or did you start menopause before the age of 45 years? | Yes | No |
| Have you had a hysterectomy before the age of 45 years? | Yes | No |
| <u>If yes</u> , did you have your ovaries removed? | Yes | No |

PLEASE READ AND SIGN WHERE INDICATED:

I have answered the above questions honestly and to the best of my ability and will accept liability for the payment if the above information provided is misleading.

SIGNATURE: _____

DATE: _____