



BONE MINERAL DENSITOMETRY

Compassion | Justice | Integrity | Excellence

Patient: Surname _____ Sex M F Height _____

Given Names _____ DOB _____ Weight _____

Address _____ Postcode _____

Telephone (H) _____ (W) _____ (Mobile) _____

Clinical Notes:

Date of last Densitometry _____

Referring Dr: _____ Provider No. _____

Address _____ Postcode _____

Telephone _____ Fax _____

Signature _____ Date _____

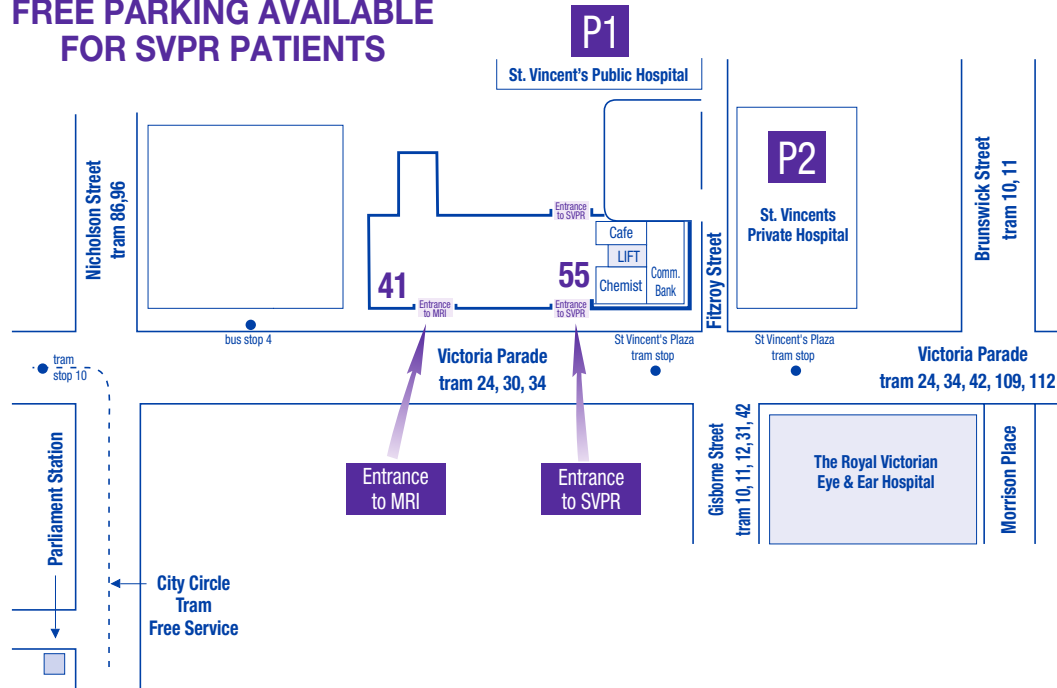
Appointment: Date _____ Time _____ am/pm

Rebatable Items:

- known osteoporosis
- osteoporosis fracture
- prolonged use of steroids
- male hypogonadism
- <45 yr> 6 mth amenorrhoea
- primary hyperparathyroidism
- chronic liver disease
- chronic renal disease
- proven malabsorption
- rheumatoid arthritis
- hyperthyroidism
- 70 years or greater

OPERATING HOURS Monday-Friday 8.00am to 6.00pm • Saturday 8.00am to 12.00pm

FREE PARKING AVAILABLE FOR SVPR PATIENTS



- CT Coronary Angiography
- Low Dose CT
- Nuclear Medicine
- PET / CT
- Interventional Radiology
- Ultrasound
- Colour Doppler Ultrasound
- General Xray
- OPG
- Fluoroscopy
- Bone Mineral Densitometry

Any detailed preparation instructions will be provided at the time of booking.

*Your doctor has recommended that you use St Vincent Private Radiology.
You may choose another provider but please discuss with your doctor first.*

Tel: 9231 3056

www.svpr.com.au

Fax: 9231 3090