

Bone Mineral Densitometry Referral

For Appointments

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Cancer Radiology and Therapy



Patient Name: _____ DOB: _____
Address: _____ Ph (H): _____
_____ Ph (M): _____
Medicare: _____ Veteran Affairs: _____
Diabetes: NO / IDDM / NIDDM Do not send to Myhealth Records

EXAMINATION REQUESTED

ITEM 12306 One service only in a 24 month period

- Confirmation of a presumptive diagnosis of low bone mineral density made on the basis of one or more fractures occurring after minimal trauma.
- Monitoring of low bone mineral density proved by previous bone densitometry. (Low BMD is present when T-score <-2.5)

ITEM 12315 One service only in a 24 month period

- Primary hyperparathyroidism
- Chronic liver disease
- Chronic renal disease
- Proven malabsorptive disease
- Rheumatoid arthritis
- Conditions associated with thyroxine excess

ITEM 12312 One service only in a 12 month period

- Prolonged glucocorticoid therapy
- Conditions associated with excess glucocorticoid secretion
- Male hypogonadism
- Female hypogonadism lasting more than 6 months before age 45 years

ITEM 12321 One service only in a 12 month period

- Measurement of BMD 12 months following a significant change in therapy for established low bone mineral density. (Change in class of drugs rather than change in dose regime).

TO BE USED ONLY IF NO OTHER BMD ITEM NUMBER APPLIES. FOR PATIENTS 70 YEARS OR OVER.

ITEM 12320 Restricted to once only in a 5 year period

- The patient has not previously had a BD, or
- Has had previous BMD showing T-score of <1.5 or below

ITEM 12322 Restricted to once only in a 2 year period

- Has had previous BMD showing T-score lower than -1.5 but more than -2.5.

SCREENING BMD MEASUREMENT

- Includes all other indications. No Medicare benefit applicable. Our normal fee applies

CLINICAL DETAILS:

Doctor: _____ Signature: _____
Address: _____ Provider No: _____
Phone: _____ Copy Report: _____
Fax: _____ Date: _____