



PATIENT DETAILS

IMAGING REQUEST

CLINICAL NOTES

REFERRAL DOCTOR

Name.....	Medicare <input type="checkbox"/>
Provider No.....	Phone report <input type="checkbox"/>
Signature.....	Fax to <input type="checkbox"/>
Date.....	Email <input type="checkbox"/>
	Copy to <input type="checkbox"/>

Is there a chance you might be pregnant? YES / NO Signature.....

This referral may also be used at a diagnostic imaging provider of your choice.

DXA SPINE PROXIMAL FEMUR TOTAL BODY WRIST

Important: Indicate whether the following indications apply to your patients (please tick)

- MBS Item #12306 For confirmation of a presumptive diagnosis of low bone mineral density made on the basis of 1 or more fractures occurring after minimal trauma; or for monitoring of low bone mineral density proven by bone densitometry at least 12 months previously.
1 service per 24 months
- MBS Item #12312 For diagnosis and monitoring of bone loss associated with one or more of: prolonged glucocorticoid therapy; excess glucocorticoid secretion; male hypogonadism; female hypogonadism lasting more than 6 months before age 45.
1 service per 12 months
- MBS Item #12315 For diagnosis and monitoring of bone loss associated with 1 or more of: primary hyperparathyroidism; chronic liver disease; chronic renal disease; proven malabsorptive disorders; rheumatoid arthritis; thyroxine excess.
1 service per 24 months
- MBS Item #12321 For measurement 12 months following a significant change in therapy for: established low bone mineral density, or presumptive low bone density on the basis of 1 or more fractures occurring after minimal trauma.
1 service per 12 months
- MBS Item #12323 Age ≥ 70 years

BONE DENSITY UNIT

Department of Medicine, Sunshine Hospital

Level 4, Western Centre for Health Research and Education

Sunshine Hospital, PO Box 294, 176 Furlong Road, St Albans VIC 3021

BOOKING & RESULTS

Ph: 8395 8246 on Tuesday & Wednesday

