



DIAGNOSTIC IMAGING – BONE MINERAL DENSITY

Huntsville District Memorial Hospital
100 Frank Miller Drive
Huntsville, ON, P1H 1H7
T: 705-789-2311 x2242
F: 705-788-1485

South Muskoka Memorial Hospital
75 Ann Street
Bracebridge, ON, P1L 2E4
T: 705-645-4404 x3112
F: 705-645-7567

PATIENT BOOKING LINE: 1-877-348-6264

Patient Demographics:

Name Last _____ First _____

Address _____

Home Phone () - _____ Other Phone () - _____

Do not contact patient. Provide appointment date/time to referring provider.

DOB YYYY / MM / DD _____ Male Female

OHIP _____

Isolation Precautions: Contact Droplet/Contact Airborne

Special Instructions (mobility, communication, etc): _____ Falls Risk Wheelchair req'd

OHIP covers routine screening every five (5) years only. Osteopenic and High Risk may be assessed annually.

Initial (Baseline) Low Risk High Risk Details: _____

Relevant Clinical History:

Date of Previous BMD: _____ Height: _____ cm Weight: _____ kg
Previous BMD performed at: _____ (Max table weight 159kg)

Ordering Provider: _____

Signature: _____

Copies to: _____

Date: _____

OHIP Billing #: _____

These examinations must be booked; please fax to our office.

Patients wearing clothing without zippers, buttons or embellishments may not have to change for BMD exams.

Incomplete:

- Patient Information Clinical History
- Exam Requested Signature
- Printed name/CPSO

Refaxed to office _____

Office use only:

VERSION: Nov. 2016

DATE OF PREVIOUS BMD: _____

OHIP BILLING CODE: _____ CERNER CODE: _____

IVR Service Response Code: _____

Scheduling Note: *Please don't book before:* _____