



Osteoporosis Center

At Rogue Valley Physicians, PC

2900 Doctors Park Drive
Medford, OR 97504

Phone: (541) 282-2213 | Fax: (541) 842-9629

BONE DENSITY "DXA SCAN" ORDER FORM


Please complete this form and fax to 541-842-9629. An ordering provider signature is required.

① FAX INFORMATION	
To: Osteoporosis Center	From: # of pgs:
DATE:	Provider phone #:
Fax referral to: (541) 842-9629	Provider fax #:

② PATIENT INFORMATION	
Patient's name:	Hm Ph#:
DOB: <input type="radio"/> Male <input type="radio"/> Female	Cell Ph#:
<input type="radio"/> Appt. already scheduled by provider for date: _____ Time: ____AM/PM <input type="radio"/> RVP to call pt. to schedule appt.	

Please attach patient demographics and insurance information.

④ ORDERING INFORMATION	
<input type="radio"/> DXA with Vertebral Fracture Analysis for Height Loss (standard DXA scan) <input type="radio"/> DXA ONLY <input type="radio"/> Spine/Hip <input type="radio"/> Wrist only <input type="radio"/> DXA with Reflex Consult (for patients with <-3.0 T-score) <input type="radio"/> Consultation: Evaluation and Treatment for Osteoporosis <input type="radio"/> Pediatric Bone Evaluation	
Reason for screening: <input type="radio"/> Menopause <input type="radio"/> Medication risk <input type="radio"/> Osteoporosis <input type="radio"/> Other _____ <input type="radio"/> Fracture evaluation	

③ ORDERING PROVIDER INFORMATION	
Contact person at referring office:	Ordering Signature: 
Phone # of contact person:	
Copies of report to:	

3.8.2010