

Gairdner Bone Densitometry Services

Department of Endocrinology & Diabetes, 1st Floor C Block
Sir Charles Gairdner Hospital, Nedlands



| PATIENT INFORMATION | REFERRED FROM |
|---|---|
| Family Name: _____ DOB: _____ Given Names: _____ Sex: _____ Address: _____ <p style="text-align: center; font-size: small;">AFFIX HOSPITAL STICKER HERE IF APPLICABLE</p> | <input type="checkbox"/> Private Practice <input type="checkbox"/> Outpatient Clinic Hospital: _____ <input type="checkbox"/> Inpatient Ward: _____ <input type="checkbox"/> Research Trial Name: _____ |

| DXA SCANS REQUESTED | MEDICARE ITEM NUMBER |
|--|---|
| <input type="checkbox"/> Spine <input type="checkbox"/> Hip <input type="checkbox"/> Forearm <input type="checkbox"/> Vertebral Fracture Assessment <input type="checkbox"/> Whole Body Composition <p style="font-size: x-small;">Vertebral Fracture Assessments and Whole Body Composition scans are not covered by the Medicare Benefits Schedule. Separate charges apply</p> | <p style="font-size: x-small;">Medicare and Veteran's Affairs rebates are only available for the conditions listed below. See Medicare Benefits Schedule (Category 2) for full details.</p> <input type="checkbox"/> 12306 Osteoporosis proven by low bone density or fractures with minimal trauma (1 claim every 2 years). <input type="checkbox"/> 12312 Prolonged glucocorticoid therapy, male hypogonadism, female hypogonadism (before age 45) or excess glucocorticoid secretion (1 claim every year). <input type="checkbox"/> 12315 Primary hyperparathyroidism, chronic liver or kidney disease, proven malabsorptive disorders, rheumatoid arthritis or thyroxine excess (1 claim every 2 years). <input type="checkbox"/> 12321 Bone density performed 1 year after significant change in therapy for osteoporosis (may affect timing of further rebates). <input type="checkbox"/> Not Applicable |

CLINICAL INFORMATION

| REFERRING DOCTOR | ADDITIONAL REPORT TO | | | | | | |
|--|--|--------|--------|--------|--|--|--|
| Name: _____ Address: _____ Provider Number: _____ Signature: _____ Date of Request: _____ | <p style="text-align: center; font-size: small;">TECHNICAL COMMENTS (Office Use Only)</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th style="width: 33%;">CODE</th> <th style="width: 33%;">WEIGHT</th> <th style="width: 33%;">HEIGHT</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"> </td> <td> </td> <td> </td> </tr> </tbody> </table> | CODE | WEIGHT | HEIGHT | | | |
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FOR APPOINTMENTS RING: (08) 9346 3891
8.30 am - 5 pm Monday - Friday