

# Gairdner Bone Densitometry Services

Department of Endocrinology & Diabetes, 1st Floor C Block

Sir Charles Gairdner Hospital, Nedlands WA 6009

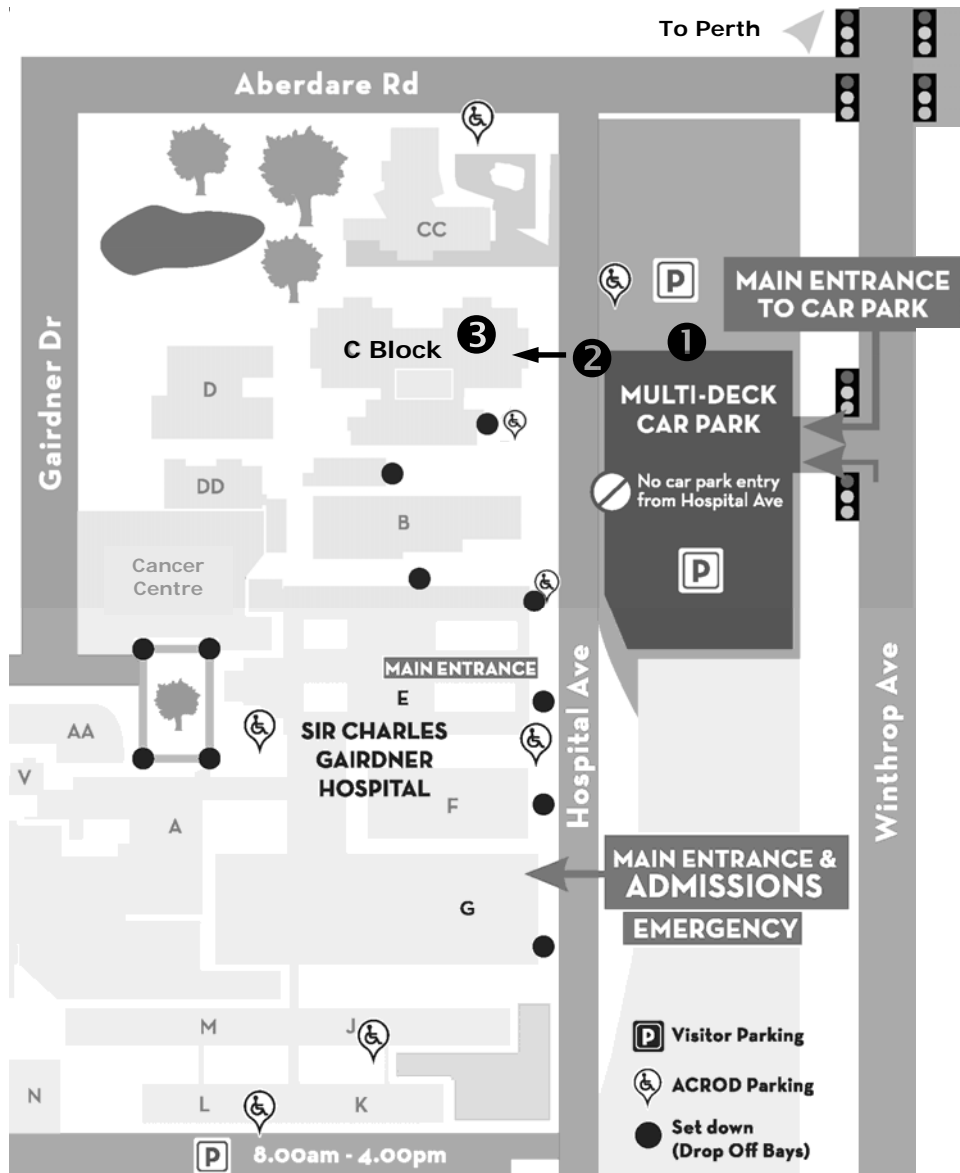
Phone: (08) 6457 3891 Fax: (08) 6457 4109 HealthLink EDI: scg8gbds

Email: SCGH.BoneDensity@health.wa.gov.au

PATIENT INFORMATION		REFERRAL FROM
Family Name:	DOB:	<input type="checkbox"/> Private Practice
Given Names:	Sex:	<input type="checkbox"/> Outpatient Clinic
Address:		<input type="checkbox"/> Inpatient
		Ward:
		<input type="checkbox"/> Research Trial
		Name:

DXA SCANS REQUESTED	MEDICARE ITEM NUMBER
Weight limit of scanning machines - 205 kg.	
<b>Routine bone density scans:</b>	<input type="checkbox"/> <b>12306</b> Proven low bone density (T-score $\leq -2.5$ or Z-score $\leq -1.5$ ) or minimal trauma fractures (1 claim every 2 years).
<input type="checkbox"/> <b>Spine</b>	<input type="checkbox"/> <b>12312</b> Prolonged glucocorticoid therapy, male hypogonadism, female hypogonadism (before age 45) or excess glucocorticoid secretion (1 claim per year).
<input type="checkbox"/> <b>Hip</b>	<input type="checkbox"/> <b>12315</b> Primary hyperparathyroidism, chronic liver or kidney disease, proven malabsorptive disorders, rheumatoid arthritis or thyroxine excess (1 claim every 2 years).
<b>Additional scans:</b>	<input type="checkbox"/> <b>12320</b> Age 70 years or older, for initial screening or with T-score of $-1.5$ or above (1 claim every 5 years).
<input type="checkbox"/> <b>Whole body bone density</b> (recommended for children & adolescents)	<input type="checkbox"/> <b>12321</b> Bone density performed 1 year after significant change in therapy for osteoporosis
<input type="checkbox"/> <b>Forearm bone density</b>	<input type="checkbox"/> <b>12322</b> Age 70 years or older with T-score between $-1.5$ and $-2.5$ (1 claim every 2 years).
<input type="checkbox"/> <b>Vertebral fracture assessment*</b>	<input type="checkbox"/> <b>No rebatable condition</b>
<input type="checkbox"/> <b>Body composition (lean &amp; fat mass)*</b>	
* Not covered by the Medicare Benefits Schedule. Extra charge will be raised for more than two sites.	

CLINICAL INFORMATION	
<b>REFERRING DOCTOR</b>	<b>ADDITIONAL REPORT TO</b>
Name:	
Address	
Provider Number:	TECHNICAL COMMENTS (Office Use Only)
Signature:	WEIGHT:
Date of Request:	HEIGHT:
<b>FOR APPOINTMENTS RING: (08) 6457 3891</b>	
<b>8.30 am - 5 pm Monday - Friday</b>	



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- ❶ **PARKING** - Parking fees apply
  - ❷ **ENTRANCE** - Follow the red carpet squares from the entrance of C Block to the lifts or stairs.
  - ❸ **RECEPTION** - We are on the first floor. Turn right when leaving the lifts or stairs.
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