

BONE MINERAL DENSITY (DEXA) AND BODY COMPOSITION ASSESSMENT REQUEST



PATIENT DETAILS

Name: _____
Address: _____
Date of birth: _____ Male Female
Phone: _____
Medicare No: _____

AREA REQUESTED

Spine Hip Forearm

BILLING DETAILS

Private Pension/HCC/DVA
 Other
_____ Item Number _____ Staff initials

CLINICAL DETAILS

Body Composition Assessment (non-rebatable)

INDICATION – SELECT ONE (*Patients eligible for Items 12320 and 12322 will be bulk-billed*)

Baseline or follow-up not covered by Medicare

Item 12306 (*one service in 24 month period*)

- Presumed osteoporosis following minimal trauma fracture
 Monitoring osteoporosis proven by bone densitometry at least 12 months previously

Item 12312 (*one service in 12 month period*)

- Prolonged corticosteroid therapy
 Conditions associated with excess glucocorticoid secretion
 Hypogonadism M/F (if F – lasting at least 6/12 and age < 45)

Item 12315 (*one service in 24 month period*)

- Primary hyperparathyroidism Hyperthyroidism
 Chronic liver disease Chronic renal disease
 Rheumatoid arthritis Malabsorption

Item 12320 (*one service in 5 year period*)

Patients aged over 70 for:

- An initial study
 The T-score on the previous test was -1.5 or greater

Item 12321 (*one service in 12 month period*)

- Measurement at least 12 months after significant change in therapy
 Measurement of BMD after confirmation of a presumptive diagnosis of low BMD after one or more fractures

Item 12322 (*One service in 24 month period*)

- Patients over 70 and the T-score on the previous test was less than -1.5 but greater than -2.5

ADDITIONAL REFERRAL NOTES

REFERRER DETAILS

Name: _____ Provider No: _____
Address: _____
Phone: _____ Fax: _____ Signature: _____ Date: _____
Copies of report to: _____

Cabrini Medical Imaging
183 Wattleree Road, Malvern VIC 3144
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*You are free to take this to a provider of your choice.
Please discuss with your doctor.*