

# BONE MINERAL DENSITY DEXA REQUEST



## PATIENT DETAILS

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  Male  Female  
Phone: \_\_\_\_\_  
Medicare No: \_\_\_\_\_

## AREA REQUESTED

Spine  Hip  Forearm (if specifically requested)

## BILLING DETAILS

Private  Pension/HCC/DVA  
 Other

## CLINICAL DETAILS

**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 Wattletree Road, Malvern VIC 3144  
tel: 03 9508 1429 | fax: 03 9508 1896

*You are free to take this to a provider of your choice.  
Please discuss with your doctor.*