

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

HCN: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Cell #: \_\_\_\_\_

WSIB #: \_\_\_\_\_

[Affix patient label here]

Physician Name: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Physician Contact #: \_\_\_\_\_

Date of Referral: \_\_\_\_\_

Report Copies To: \_\_\_\_\_

**INCOMPLETE or ILLEGIBLE requisitions WILL BE RETURNED and may DELAY THE STUDY**

**PLEASE FAX COMPLETED REQUISITION TO 613-354-4331**

Inpatient     
  CVC Outpatient     
  Outpatient

**CLINICAL INDICATION:**

\_\_\_\_\_

**BONE MINERAL DENSITY**

Baseline BMD

Baseline BMD @ LACGH (prior elsewhere)

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Follow Up BMD

Date: \_\_\_\_\_

Location: \_\_\_\_\_

**CHECK ALL THAT APPLY:**

Osteoporosis/Osteopenia

Fragility Fracture after age 40

Prednisone/Steroid 7.5mg daily >3mths in past year

On Antiresorptive Bone Medication

Please refer to LACGH website for further indications/referral guidelines  
<http://web.lacgh.napanee.on.ca/professionals/lacgh-patient-requisition-forms/>

**NON OBSP MAMMOGRAPHY SCREENING & MAMMOGRAPHY SURVEILLANCE**  
 (If clinical/palpable abnormality please refer to breast assessment center)

Bilateral

RT Breast

LT Breast

**Does the person have breast implants?**

Yes

No

**OBSP MAMMOGRAPHY SCREENING**

Women eligible for OBSP can book their own appointments.

Appointments can be booked by calling the hospital at 613-354-3301, Ext. 263.