Lennox & Addington County General Hospital
DIAGNOSTIC IMAGING–

BMD/MAMMO

Tel: 613-354-3301 x 535

Canadian Bone Mineral Densitometry Accreditation from the OAR (Ontario Association of Radiologists)

Ontario Breast Screening Program

Patient Name:

DOB:
HCN:
Address:
Phone/Cell #:

☐ Non OHIP Patient:

☐ WSIB #:

Physician Name: _____

Physician Signature: _____

OHIP Billing Physician Name #:_____

Physician Contact #: _____

Physician Fax #: _____

Date of Referral: _____

Report Copies To: _____

. INCOMPLETE or ILLEGIBLE requisitions WILL BE RETURNED and may DELAY THE STUDY .
PLEASE FAX COMPLETED REQUISITION TO 613-354-8231

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 a Breast Assessment Center for evaluation)

☐ **Bilateral**
☐ **RT Breast**
☐ **LT Breast**

☐ Prior RIGHT / LEFT / BILATERAL (circle) breast cancer
☐ Implants: RIGHT / LEFT / BILATERAL (circle)

OBSP MAMMOGRAPHY SCREENING

Women eligible for OBSP ***must book their own appointments***.

Appointments may be booked by calling the hospital at 613-354-3301, Ext. 535.

For further information on OBSP eligibility, please refer to Cancer Care Ontario.

Appointment Date: **(DD/MM/YY) Time:** **Date Received:** **Date Notified:**