PUSHING BOUNDARIES
Exercise, health and hope for people with paralysis

Pushing Boundaries provides this form as an *example* of the Bone Density Test Required. The client is not required to receive the test at Swedish Medical Center.

SWEDISH MEDICAL GROUP

Bone Health and Osteoporosis Order Form

At Swedish Bone Health and Osteoporosis, we strive to provide practitioners with the highest quality service, technical expertise and reporting. Please help us provide you with the most useful information for your patients by completely filling out the ordering and clinical information below.

Patient's Name _____ DOB _____

Address _____ Date _____

Preferred Phone _____ Secondary Phone _____

Insurance Plan _____

PLACE PATIENT LABEL HERE

Osteoporosis / Bone Health / Fracture Risk Appointment

Please FAX to 206-215-5953 (If problems with order transmission, please call 206-215-5950)

- ☐ Evaluation and ongoing management visit(s) for _____
- ☐ Visit for opinion and advice (consultation only) for _____

Bone Density Testing (DXA)

Please FAX to Scanner Location (If problems with order transmission, please call 206-215-5950)

Scanner Location *(see reverse for maps)*	Fax Number
☐ Swedish Bone Health and Osteoporosis Center - Swedish Orthopedic Institute	206-215-5953
☐ Swedish Bone Health and Osteoporosis Center - Issaquah	206-215-5953
☐ Factoria Primary Care	206-320-5840

DXA (Bone Density) Testing Ordered

- ☐ Two-View (lumbar spine and hip) DXA
- ☐ Three-View (lumbar spine, hip and distal radius) DXA

Indication(s) for DXA

- ☐ Estrogen-deficient post-menopausal female with risk factors for low BMD or fracture
- ☐ Female ≥ 65 years old
- ☐ Male ≥ 70 without risk factors for fracture
- ☐ Male ≥ 70 with risk factors for fracture
- ☐ Patient on medication affecting bone density or fracture risk (corticosteroids, hormone-deprivation therapy, anti-seizure medication, others)
- ☐ Monitoring response to bone-active therapy
- ☐ Fracture after low-energy trauma (equivalent of fall from standing height or less)
- ☐ Anyone not receiving therapy in whom evidence of bone loss would lead to treatment
- ☐ Metabolic bone disease or other disease potentially affecting bone health
- ☐ Other _____

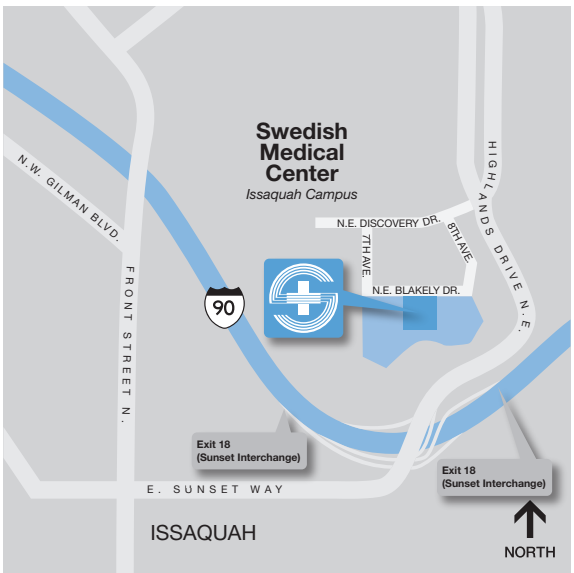
ICD10 Codes for billing purposes: _____ _____ _____

Type(s) of Reports Desired

- ☐ Electronic copy to patient's Swedish EPIC chart
- ☐ Faxed copy to: Name _____ Fax Number _____
- ☐ Paper copy to: Name _____ Fax Number _____
- ☐ Please contact me with a verbal report at: Telephone Number _____

Thank you for choosing Swedish Bone Health and Osteoporosis

SWEDISH BONE HEALTH & OSTEOPOROSIS
Swedish Orthopedic Institute
601 Broadway, Suite 600
Seattle, WA 98104



SWEDISH BONE HEALTH & OSTEOPOROSIS
Issaquah Campus
751 N.E. Blakely Dr., Suite 3020
Issaquah, WA 98029

SWEDISH BONE HEALTH & OSTEOPOROSIS
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12917 S.E. 38th St.
Bellevue, WA 98006

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