

Centre of Excellence in Skeletal Health Assessment

Physician's Ordering Form

Rone	Mineral	Density	Test
DUIL	willici ai	Density	I CSL

Office Use Only: Date Rec'd:
Appt Date & Time:

Effective July 1, 2010, the Ministry of Health has adopted new guidelines on patient eligibility for Bone Mineral Density examinations. OHIP will continue to cover annual BMD tests in persons at high risk for osteoporosis and future fractures. Low risk patients are eligible for BMD testing once in any 60-month period. Please document the risk factors below in order to comply with the Osteoporosis Canada guidelines required by OHIP. Inappropriate referral or inadequate information may delay the scheduling of an appointment. If ineligible patients still wish to have a BMD examination, they are required to pay for the test prior to the performance of the exam.

appointment. It test prior to the	•	•		a BMD examir	nation, they	are required t	o pay for the
		date/time:					
dervice site: ☐ Mount Sinai ☐ Princes ☐ Toronto Western ☐ TRI Ly				ss Margaret			
Patient Infor		to Western	⊔ IRILyn	dnurst			
Name			UHN MRN		Date of Birth		
					de		
Address			Phone (H)				
City		Province		Postal Code Health Card # (OHIP)			
Alternate Contact Person Name			Phone No.				
-		ılatory? □ N					
Previous BML) test?	I No ☐ Yes	When?				
☐ Baseline – P	Patients are	limited to one	baseline test	in their lifetim	ie		
☐ Low Risk –	Patients wh	ho are not high	risk				
🛘 High Risk –	Patients w	ith an expected	bone loss ir	excess of 1%	per year		
Relevant Medi	cal History	, risk factors: _					
Referring Physic	cian Informa	ation:				Please fax refe	
Name:		OHIP E	HIP Billing no.:		CESHA Program: UHN: 416-340-4707		
Address:				<u> </u>		MSH: 416-586- TRI: 416-597-	-8790
Tel:						For questions,	-
Fax:						UHN: 416-340-3 MSH: 416-586-3	
Signature:			Date:			TRI: 416-597-	

Please refer to the MOHLTC BMD guidelines: (http://www.health.gov.on.ca/english/public/pub/ohip/bone_density.html)