

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 _____
Referring provider _____

PLACE PATIENT LABEL HERE

Osteoporosis/bone health/fracture risk appointment Complete imaging order in Epic or fax the form to 206-215-5953

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 for the Swedish Bone Health & Osteoporosis Center or 206-386-9699 for the Swedish Center for Comprehensive Care)

Scanner location (see reverse for maps)

- Swedish Center for Comprehensive Care
 Swedish Bone Health and Osteoporosis Center - Jefferson Tower, Suite 300

Fax number

206-386-9529
206-215-5953

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 \geq 65 years old
 Male \geq 70 without risk factors for fracture
 Male \geq 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 _____

ICD-10 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 CENTER FOR COMPREHENSIVE CARE

515 Minor Ave., Suite 110
Seattle, WA 98104



SWEDISH BONE HEALTH & OSTEOPOROSIS

Cherry Hill
1600 E. Jefferson St.
Jefferson Tower, Suite 300
Seattle, WA 98122



We do not discriminate on the basis of race, color, national origin, sex, sexual orientation, gender identity or expression, age, or disability in our health programs and activities.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-311-9127 (TTY:711)
注意：如果您講中文，我們可以給您提供免費中文翻譯服務，請致電 888-311-9127 (TTY:711)

