

Center For Bone Health Fax Referral Form

Fax this form and we will contact the patient to schedule their bone density (DXA) test
Fax to 1-877-489-6002

REFERRING PHYSICIAN:			
PATIENT NAME:			
PATIENT PHONE NUMBER:			
INSURANCE:			
COMMENTS:			
Diagnosis: Check one			
[☐ Osteoporosis w/o current pathological fx (M81.0)		
[☐ Osteoporosis with current pathological fx (M80.0) Site Left/Right		
[☐ Steroid Use – Long term current use of systemic steroids (Z79.52)		
((For some of the diagnoses below, Medicare only allows DXA every 2 years.)		
[☐ Hyperparathyroidism Primary (E21.0)		
[☐ Menopausal State – N95.1		
[☐ Menopause Premature Symptomatic (E28.310)		
[☐ Menopause Premature Symptomatic Post irradiation or Postsurgical (E89.41)		
[□ Osteopenia (M85.8-) Site	_Left/Right	
[□ Post Menopause Status (Z78.0)		
[☐ Screening for osteoporosis (Z13.820)		