

Fax completed requisition to: DXA Center/Kim Mitchell: (617) 730 – 0020 Scheduling: (617) 355 – 3789

Patient Name:				
Medical Record #:				
Date of Birth:				
Sex:				
DXA	_			
Referring Provider:				
Date of Order:				
ICD10 Code(s) Reason for scan:				
Suggested additional code: Z13.820 Scr	eening for Osteoporosis			
Examination Requested				
STANDARD EXAMINATION FOR PATIENTS WIT	TH NO SPINE OR HIP HARD	VARE:		
☐ 4-15 years old: spine & total body / total body	less head (TBLH)			
□ 16 years old or older: spine & total body / total body less head (TBLH)				
□ Body Composition (age 4+)				
SPECIAL CIRCUMSTANCES: For patients age 4+ with hardware, inability to hold Recommend selecting two sites.	still, positioning concerns, etc.			
□ Hip	☐ Total body / total body less	head (TBLH	1)	
☐ Distal lateral femur	□ Spine			
□ Forearm				
NOTE: Height-adjusted Z-scores will be provided for patients <5 th %ile Bone Age Adjustment - Only if concerned for delayed bone age without short stature, consider requesting a bone age adjusted DXA. There are more accurate normative data for height adjusted DXA scans.				
Previous DXA Scan at BCH?		☐ Yes	□ No	
Does the Patient Require Oxygen?		☐ Yes	□ No	
Does the Patent have a Ventilator?		□ Yes	□ No	
Is Mobility Assistance Needed?		□ Yes	□ No	
Does the Patient have Orthopedic Hardware?		□ Yes	□ No	
History of significant bone age delay? (Greater than 2 years)		☐ Yes	□ No	
Scheduling Information:	_	Center please family to sche		
Comments:				

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