

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)

- ☐ Swedish Bone Health and Osteoporosis Center - Swedish Orthopedic Institute
☐ Swedish Bone Health and Osteoporosis Center - Issaquah
☐ Factoria Primary Care

Fax Number

206-215-5953
206-215-5953
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

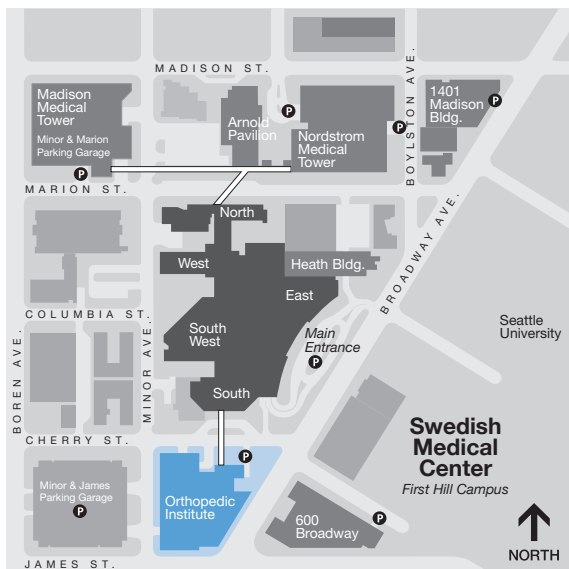
- ☐ Estrogen-deficient post-menopausal female with risk factors for low BMD or fracture
☐ Female ≥ 65 years old
☐ Male ≥ 70 without risk factors for fracture
☐ Male ≥ 70 with risk factors for fracture
☐ Patient on medication affecting bone density or fracture risk (corticosteroids, hormone-deprivation 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

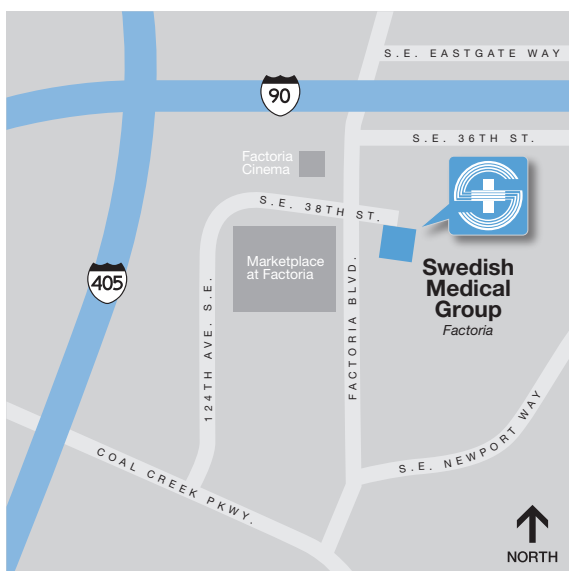
601 Broadway, Suite 600
Seattle, WA 98104



SWEDISH BONE HEALTH & OSTEOPOROSIS

Issaquah Campus

751 N.E. Blakely Dr., Suite 3020
Issaquah, WA 98029



SWEDISH BONE HEALTH & OSTEOPOROSIS

Factoria Primary Care

12917 S.E. 38th St.
Bellevue, WA 98006



SWEDISH
MEDICAL GROUP