

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, JODHPUR
DEPARTMENT OF ENDOCRINOLOGY & METABOLISM
Endocrinology OPD, 1st floor 'C block', Room no - 150

BMD DXA SCAN REQUISITION FORM

Patient Name..... Age/Sex..... Address.....

Mob No..... Patient AIIMS ID..... Date of Birth.....

OPD/ IPD..... Ward/Bed No.....Ref. Physician.....Ref. Department.....

Diagnosis:.....

Chief Complaints:

SNo	Parameters	Response	Remarks
1	Previous Fractures (spontaneous/low trauma fracture)	Y/N	
2	Parent fractured hip	Y/N	
3	Current Smoking	Y/N	
4	Glucocorticoid use ($\geq 5\text{mg/d}$ prednisolone or its equivalent for $\geq 3\text{months}$)	Y/N	
5	Rheumatoid Arthritis	Y/N	
6	Secondary osteoporosis (disorders strongly associated with osteoporosis) a) Type 1 Diabetes b) Osteogenesis Imperfecta in adults c) Hyperthyroidism d) Hypogonadism e) Premature menopause (<45 years) f) Chronic malnutrition g) Malabsorption h) Chronic liver disease		
7	Alcohol $\geq 3\text{units/day}^*$	Y/N	

*1 glass wine(175ml) ~ 2 unit, 1 pint beer (568ml) ~ 3 unit, 50 ml port wine ~ 1 unit, 25 ml spirit ~ 1 unit

Requesting Faculty/SR:.....

Mobile No:.....

Date of Requisition:.....

Signature:.....

Instructions before BMD/DXA

- 1) Avoid taking calcium tablets 24 hours prior to scan
- 2) Avoid wearing jewellery, belts etc on the day of scan
- 3) Scan cannot be done within 7-14 days of contrast given for CT scan/ MRI/ Barium studies
- 4) Patient should be accompanied by 1 attendant

Checked by (Endocrine SR) –	Date for test -
 Technician's Signature -	Bill No -