

DEXA Body Composition Bone Mineral Density



Referral

PERSONAL DETAILS

| | |
|---|--|
| Surname | First Name |
| Date of Birth | |
| Title Dr / Mr / Mrs / Miss / Ms / Other | Gender <input type="checkbox"/> M <input type="checkbox"/> F |
| Medicare Number | Issue number Valid to |

REFERRING DOCTOR

| | |
|--|------|
| Provider Number | |
| Signature | Date |
| BY LAW THIS SECTION MUST BE SIGNED BY REFERRING DOCTOR. | |

PATIENT HISTORY / MEDICATIONS

FRACTURES

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|--|--|
| | |
|--|--|

REQUIRED SERVICE

| | |
|--|---|
| <input type="checkbox"/> BMD | PLEASE SEE OVER AND COMPLETE TICK BOXES » |
| <input type="checkbox"/> Sarcopenia and Body Composition | <input type="checkbox"/> DVA - Compression Fracture (No Rebate) |

PLEASE BRING YOUR PREVIOUS SCANS & RESULTS WITH YOU.

MEDICARE ITEM NUMBERS - PLEASE BRING YOUR MEDICARE CARD WITH YOU.

12306

- Proven osteoporosis (at least 12 months prior)
- Wedging/fracture (minimal trauma)

ELIGIBLE FOR REBATE EVERY 24 MONTHS

12312

- Prolonged steroid therapy
- Male hypogonadism (low testosterone)
- Female hypogonadism (amenorrhoea)
- Early menopause

ELIGIBLE FOR REBATE EVERY 12 MONTHS

12315

- Rheumatoid arthritis
- Hyperparathyroidism
- Chronic liver or renal disease;
- Crohn's disease
- Coeliac disease
- Conditions associated with thyroxine excess

ELIGIBLE FOR REBATE EVERY 24 MONTHS

12321

- Significant change in treatment
- Under 70 years screening (fee applies)

ELIGIBLE FOR REBATE EVERY 12 MONTHS

12320

- Initial screening for patients ≥ 70 years of age

12322

- Follow-up scan for patients with T-score > -1.5

ELIGIBLE FOR A REBATE EVERY 5 YEARS

Follow-up scan after 2 years for patients with T-score < -1.5

ELIGIBLE FOR A REBATE EVERY 2 YEARS