

Patient Bookings:

Country Callers: 1300 659 796

Perth Callers: (08) 9472 1904

Fax Referral: (08) 9472 1082

Email: health-admin@bdaus.com.au

Website: www.osteoporosisolutions.com.au

REFERRAL FOR A BONE DENSITY SCAN

First name		Last name	
Date of birth		Medicare number	
Contact details		Address	
Dr Details:		Provider Number:	
Signature: _____		Date: ____/____/____	
Dexa Service Required			
<input type="checkbox"/> AP Spine <input type="checkbox"/> Hip <input type="checkbox"/> Forearm <input type="checkbox"/> Initial Scan <input type="checkbox"/> Follow-up Scan			
Medical History / Fractures:			
TO ENSURE A REBATE OR BULK BILLING, PLEASE TICK THE ITEM NUMBER WITH CORRECT DESCRIPTOR			
12306 <input type="checkbox"/> One or more fractures occurring after minimal trauma (breaking a bone after a fall from standing height or less or breaking a rib from coughing). 12306 <input type="checkbox"/> Monitoring proven low bone density (Osteoporosis) from previous DEXA or CT scan with a T score of ≤ -2.5 or less 12306 Eligible for rebate every 24 months		12312 <input type="checkbox"/> Commencement of a dosage of inhaled glucocorticoid equivalent to or great than 800 micrograms beclomethasone dipropionate or budesonide per day or 12312 <input type="checkbox"/> A supraphysiological glucocorticoid dosage equivalent to or greater than 7.5 mg prednisolone in an adult taken orally per day & anticipated to last for a period of at least 4 months. 12312 <input type="checkbox"/> Conditions associated with excess glucocorticoid secretion. 12312 <input type="checkbox"/> Male hypogonadism: serum testosterone levels below the age matched normal range. 12312 <input type="checkbox"/> Female hypogonadism: female hypogonadism lasting more than 6 months before the age of 45. 12312 Eligible for rebate every 12 months	
12321 <input type="checkbox"/> Measurement of bone density at least 12 months following a significant change in therapy ie. A change in the class of drugs rather than for a change in the dosage regimen for established low bone density. 12321 Eligible for rebate every 12 months			
12315 <input type="checkbox"/> Diagnosed with primary hyperparathyroidism 12315 <input type="checkbox"/> Rheumatoid arthritis. 12315 <input type="checkbox"/> Chronic liver disease. 12315 <input type="checkbox"/> Chronic kidney disease. 12315 <input type="checkbox"/> Proven malabsorptive disorders. This is defined as: Malabsorption of fat, defined as faecal fat estimated at greater than 18mg per 72 hours on a normal fat diet, or diagnosed with bowel disease with presumptive vitamin D malabsorption as indicated by a sub-normal circulating 25-hydroxyvitamin D level. 12315 <input type="checkbox"/> Histologically proven Coeliac disease. 12315 <input type="checkbox"/> Conditions with associated thyroid excess. 12315 Eligible for rebate every			
12320 <input type="checkbox"/> Patient is 70 years of age or over and not previously had bone densitometry 12320 <input type="checkbox"/> Patient is 70 years of age or over and the T –score for the patient’s bone density at any site is ≥ -1.5 . 12320 Eligible for rebate every 5 years		12322 <input type="checkbox"/> Patient is 70 years or over and the T – score for the patient’s bone density at any site is between -1.6 and -2.4. 12322 Eligible for rebate every 24 months	