



# JW Nuclear Medicine and Densitometry

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Patient's Name: .....

Address: .....

Test Required:  Lumbar and Femur BMD  Body Composition  
 Lateral Vertebral Assessment  Other

Item 12320\*\*\*  Age over 70. Screening; or follow up if T-score above -1.5

Item 12322\*\*  Age over 70. Previous T-score less than -1.5 and above -2.5

Item 12306\*\*  Presumed osteoporosis (fracture after minimal trauma)  
 Previous BMD T-score -2.5 or lower; or Z score -1.5 or lower

Item 12312\*  Prolonged glucocorticoid therapy  Cushings Syndrome  
 Female hypogonadism < 45 yrs  Male hypogonadism

Item 12315\*\*  Primary hyperparathyroidism  Chronic liver disease  
 Proven malabsorption  Chronic renal disease  
 Hyperthyroidism  Rheumatoid arthritis

Item 12321\*  Monitor change in therapy in osteoporosis therapy after 1 year of treatment.

OR:  Other screening (no Medicare rebate)

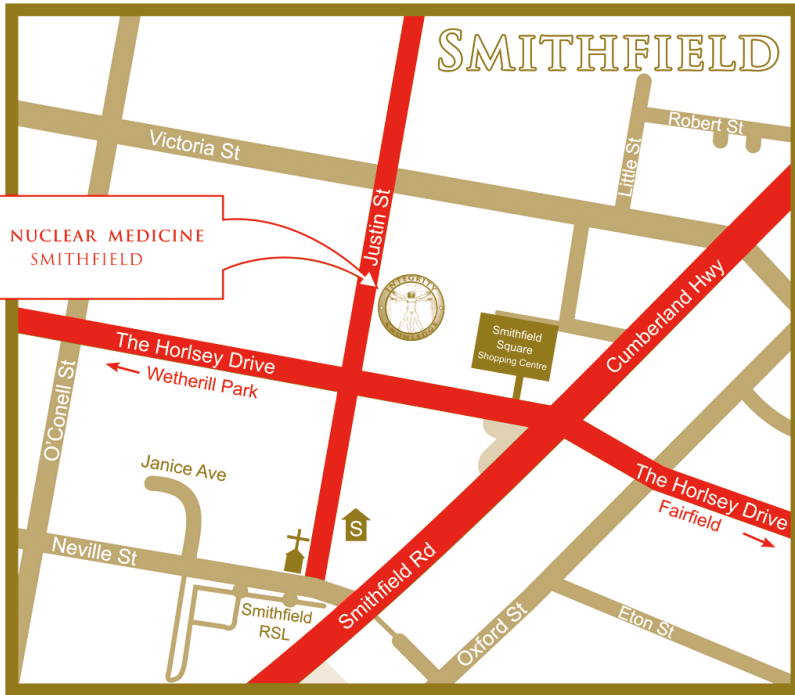
\* 1 service per 12 months      \*\* 1 service per 24 months      \*\*\* 1 service per 5 years

Referring Dr: ..... Provider No: .....

Phone: ..... Fax: .....

Address: .....

Signature: ..... Date: .....



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SMITHFIELD**



**bonehealth.com.au**

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