

Bone Density

DOLV:			Date:
DOB:	Ethnicity:		Film #
Name:			
	Height:ft	in Weight:	_
Physician(s) to receive	report:		
DO N	OT TAKE THIS EX	AM IF YOU MAY BE PRE	GNANT
Mark any that apply:			
Baseline Study (1st bone der	nsity	Take Steroids	
Follow-up Study		Take Calcium	
Family Hx of osteoporosis		Post Menopausal	
Parent with a hip fracture		Last Menstrual Period	
Height Loss		Replacement Hormone	S
Kyphosis (forward curvature	of spine)	Type 1 Diabetic	
Scoliosis (sideways curvatur	re of spine)	Rheumatoid Arthritis	
Osteogenesis Imperfecta (br	rittle bones)	Current Tobacco User	
Hx of fracture as an ADULT	(if so, what?)		
Bisphosphonates (Fosamax	, Actonel, Evista, Forted	o, Miacalin)	
Drink more than 3 alcoholic	beverages daily		