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**REQUISITION FOR BONE MINERAL DENSITY TESTING**

**Patient Name:**  
**MHSC:**  
**Patient Address:**  
**Requesting MD:**

**DOB (d-m-y):** \_\_\_ - \_\_\_ - \_\_\_\_  
**PHIN:**  
**Patient Phone (home):**  
**(work):**  
**Copy report to:**

**SELECT ALL APPLICABLE REASONS FOR TESTING:**

- Vertebral low-trauma (fragility) fracture proven by x-ray (*Note: Bone density testing is not required for diagnosis of osteoporosis as active treatment is usually indicated. Attach copy of x-ray report as this will help in test interpretation.*)
- Non-vertebral fragility fracture proven by x-ray
- Osteopenia or osteoporosis identified on x-ray
- Systemic corticosteroid therapy for more than 3 months in the last year
- Aromatase inhibitor therapy for breast cancer
- Prolonged amenorrhea, surgical menopause or premature menopause prior to age 45
- Woman age 65 or older (screening in men, and in women younger than age 65, are not approved indications unless additional risk factors are provided below)
- Follow up of a previous bone density measurement (recommended initial interval 3 years for most patients, at least 5 years if previously reported as low risk, 1 year in patients on systemic corticosteroid therapy or aromatase inhibitors)

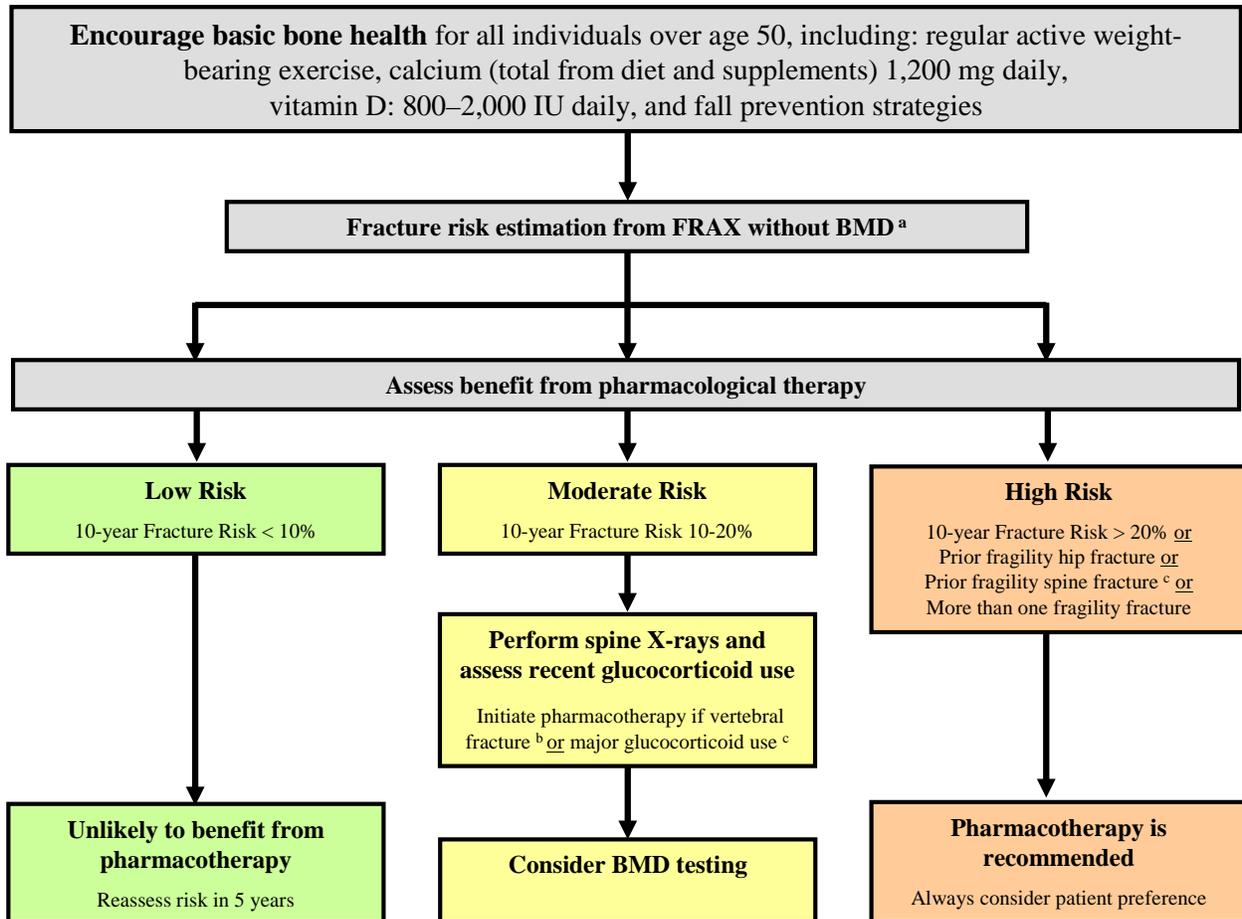
**Date of previous test:** \_\_\_\_\_ **Location of previous test:** \_\_\_\_\_

**Other indications *may* be considered if appropriate clinical justification is provided.**

**Physician's Signature:** \_\_\_\_\_

# Fracture Risk Assessment without BMD Testing

For patients unable or unwilling to undergo BMD testing



## Footnotes:

<sup>a</sup> For patients unable or unwilling to undergo BMD testing, fracture risk assessment without BMD using the Canadian FRAX tool (<http://www.shef.ac.uk/FRAX/tool.jsp?country=19>) can be helpful in guiding the need for BMD testing or treatment. This tool has been validated for fracture prediction in the Canadian population (Leslie WD, et al. Fracture risk assessment without bone density measurement in routine clinical practice. *Osteoporosis International* 2011).

<sup>b</sup> Definite non-traumatic vertebral fractures (>25% height loss with end-plate depression) are associated with a 5-fold increased risk for recurrent vertebral fractures. Equivocal spine fractures are not strong indicators of osteoporosis.

<sup>c</sup> Major glucocorticoid use is prednisone (or equivalent) at a daily dose of 7.5 mg or greater for at least 90 days in the preceding year. Physiologic use for adrenal replacement is excluded.