DEXA PROTECTION

Osteoporosis Screening Centre

Osteoporosis Screening Centre,
17 Fair Street, Drogheda, Co Louth
Tel: 041 9803703 / Fax: 041 9842996
email: info@dexa-protection.ie

PATIENT DETAILS:

NAME: _____

ADDRESS: _____

_____

DOB: _____

PHONE NO: _____

❑ GMS

❑ PRIVATE

CLINICAL INDICATIONS FOR DEXA SCAN
(Please select at least two indications)

- ❑ Men > 70 & Post Menopausal Women
- ❑ Early Menopause
- ❑ Family History Osteoporosis
- ❑ Fragility Fracture (New or Previous)
- ❑ Commencing / Discontinuing HRT
- ❑ Oral Steroid Therapy /High Risk Medication
- ❑ Metabolic Disorder or Malabsorption
- ❑ Dietary or Eating Disorder
- ❑ Radiographic Indication
- ❑ Previous Abnormal Scan for Monitoring
- ❑ Other Indications, Please specify

_____

_____

REFERRING DOCTOR:

_____

ADDRESS:

_____

_____

PLEASE NOTE NEW HIQA GUIDELINES (2019) FOR DEXA SCAN REFERRALS

All referrals to a practitioner for a medical radiological procedure viewed by inspectors

- State the reason for requesting the particular procedure
- Are accompanied by sufficient medical data to enable the practitioner to carry out a justification assessment.

RELEVANT MEDICAL HISTORY

_____

_____

_____

MEDICATION

_____

_____

PREGNANCY STATUS:

All scans to be performed within 10 days from start of last LMP (if applicable)

LMP Date: _____

❑ Peri Menopause

❑ Post Menopause

DATE: