Lennox & Addington County General Hospital
DIAGNOSTIC IMAGING–
BMD/MAMMO
Tel: 613-354-3301 x 535

CBMD
Canadian Bone Mineral Densitometry Accreditation from the OAR (Ontario Association of Radiologists)

ontario breast screening program
a cancer care ontario program
Ontario Breast Screening Program

Patient Name:

DOB:
HCN:
Address:

Phone/Cell #:

WSIB #:

[Affix patient label here]

Physician Name: _____

Physician Signature: _____

Physician Contact #: _____

Physician Fax #: _____

OHIP Billing Physician Name #:_____

Date of Referral: _____

Report Copies To: _____

. INCOMPLETE or ILLEGIBLE requisitions WILL BE RETURNED and may DELAY THE STUDY .

PLEASE FAX COMPLETED REQUISITION TO 613-354-8231

☐ Inpatient ☐ CVC Outpatient ☐ Outpatient

CLINICAL INDICATION:

BONE MINERAL DENSITY

☐ **Baseline BMD**

☐ **Baseline BMD @ LACGH (prior elsewhere)**

Date: _____
Location: _____

☐ **Follow Up BMD**

Date: _____
Location: _____

CHECK ALL THAT APPLY:

☐ Osteoporosis/Osteopenia
☐ Fragility Fracture after age 40
☐ Prednisone/Steroid 7.5mg daily >3mths in past year
☐ On Antiresorptive Bone Medication

Please refer to LACGH website for further indications/referral guidelines
http://web.lacgh.napanee.on.ca/professionals/lacgh-patient-requisition-forms/

NON OBSP MAMMOGRAPHY SCREENING & MAMMOGRAPHY SURVEILLANCE

(If clinical/palpable abnormality please refer to a Breast Assessment Center for evaluation)

☐ **Bilateral**
☐ **RT Breast**
☐ **LT Breast**

IMPLANTS:
☐ **Bilateral**
☐ **RT Breast**
☐ **LT Breast**

OBSP MAMMOGRAPHY SCREENING

Women eligible for OBSP ***must book their own appointments***.

Appointments may be booked by calling the hospital at 613-354-3301, Ext. 535.

For further information on OBSP eligibility, please refer to Cancer Care Ontario.

Appointment Date: **(DD/MM/YY) Time:** **Date Received:** **Date Notified:**