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**Certified Clinical Densitometrist**

Dear patient,

Please take this form to the bone density test facility and not your doctor's office. If the front office staff does not understand what pages you are asking for, the technician who scans patients should know. The computer that is coupled with the bone density machine has all the report pages listed below.

Patient: \_\_\_\_\_

Birthdate: \_\_\_\_\_

RE: Request for DXA test results.

To whom it may concern,

The above patient is seeking a second opinion regarding bone density tests. Please provide the following information regarding her/his DXA reports and give them to the patient.

Please include:

- **Computer quality** printouts for the most recent **three reports**, if that many have been done. In lieu of a printed copy you may also provide a CD of the reports.

Please include the following information:

Please make sure that the images for lumbar, spine and forearm are on separate pages rather than very small images on one page.

**Hologic machine:** Full written report, scan pages for all areas tested and the **extended lumbar report**.

**GE/Lunar machine:** Full written report, scan pages for all areas tested and the **ancillary pages for the spine and hip**.

**Norland machine:** Same as above and any additional diagnostic pages.

**If the following tests were done, please include:**

- Vertebral Fracture Assessment with images
- Forearm scans
- Trabecular Bone Score results with graphs

**NOTE to patient:** When you send us your CD please include a STAMPED self-addressed envelope otherwise the CD will be destroyed.