

# DXA Request to Imaging Facility

**Dr. Lani Simpson DC CCD**  
**Certified Clinical Densitometrist**

1517 Addison St., Berkeley CA 94703  
510-898-0933 office  
MAIL ALL DXAs as CDs or hi-resolution printouts to above address  
NO FAXES PLEASE

---

Please take this form to **the bone density test facility** and **not** your doctor's office. To offer the level of precision required for your analysis, Dr. Simpson needs high quality CDs or printouts (NO FAXES). Ask the technician who scans patients, if office staff do not understand what pages you need. The computer coupled with the bone density machine has all the report pages listed below.

---

Patient \_\_\_\_\_

Birthdate \_\_\_\_\_

RE: Request for CD or printouts of DXA test results

To whom it may concern,

The above patient seeks a second opinion regarding bone density tests. Please provide the following:

- High resolution **printouts or CDs** containing the most recent **three (3) reports**, if that many have been done. **NO FAXES.**
- **One (1) page each** for images of lumbar, spine and forearm, not small images all together on a single 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 also include:s**

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

Thank you kindly for helping us acquire the above information.

Sincerely,

Dr. Lani Simpson DC CCD