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|  | Fax completed requisition to:DXA Center/Kim Mitchell (617) 730 – 0020Scheduling – (617) 355 - 3789 |
| **(DXA) DUAL ENERGY X-RAY ABSORPTIOMETRY REQUEST FORM**Reason for DXA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Diagnosis (select from following list): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | USE STICKER OR PRINTMR #: Patient Name: Date of Birth:  |
| Previous DXA Scan at BCH: Yes NoDoes Patient Require Oxygen: Yes NoDoes Patient have a Ventilator: Yes NoIs Mobility Assistance Needed: Yes NoDoes Patient have Orthopedic Hardware: Yes NoOrthopedic hardware location? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Is prescribed estrogen/testosterone? E. T. None |  Appt scheduled through referring clinic Patient/Family will call to schedule DXA Center should call to schedule Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Examination Requested:****STANDARD EXAMINATION (please check a box below)*** Initial DXA scan at BCH, no spine or hip hardware

 4-15 years old: total body and spine  16 years old or older: hip and spine  Body Composition* Prior DXA scan at BCH, no spine or hip hardware

 4-15 years old: total body and spine  One-time transition for patients with prior “4-15 years old TB/spine” 🡪 now “16+ years old Hip/Spine”: total body, spine, hip 16 years old or older: hip and spine  Body Composition* **SPECIAL CIRCUMSTANCES:** If unable to obtain standard scans (due to hardware, inability to hold still, etc.), consider the following in children >4 years, with a goal to obtain two sites:
	+ - Hip (unless hip hardware is present)
		- and either…
		- Distal lateral femur
		- Forearm

**NOTE: Height-adjusted Z-scores will be provided for patients <5th %ile**Bone Age Adjustment - Only if concerned for delayed bone age without short stature, consider requesting a bone age adjusted DXA. There are more accurate normative data for height adjusted DXA scans. Results will be sent to referring physician within 7 -10 daysREQUESTED BY: (SIGNATURE) MD / PNP (PRINTED NAME) MD / PNP |

Appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

