

# BMD Referral

*Serving our local community since 1974*

## PATIENT

Name Phone

Date of birth Gender F M Medicare No.

Address

Email address

## REQUEST

**Item 12306** One service only in a 24 month period.

Confirmation of a presumptive diagnosis of low bone mineral density made on the basis of one or more fractures occurring after minimal trauma.

Monitoring of low bone mineral density proven by previous bone densitometry. (low BMD is present when BMD > 2.5 SD below young normal mean or > 1.5 SD below age matched mean)

**Item 12312** One service only in a 12 month period. Diagnosis & monitoring of bone loss associated with one or more of the following conditions:

prolonged glucocorticoid therapy

conditions associated with excess glucocorticoid secretion

male hypogonadism, female hypogonadism lasting more than 6 months before age 45 years

Bone Densitometry (BD), using dual energy X-ray absorptiometry, involving the measurement of 2 or more sites (including interpretation & reporting) for the measurement of bone mineral density, in a patient 70yrs or over. To be used only if no other BD item number applies:

**Item 12320** Restricted to once only in a 5 year period

The patient has not previously had a BD, or  
Has had previous BD showing T-score of -1.5 or above

**Item 12315**

One service only in a 24 month period. Diagnosis & monitoring of bone loss associated with one or more of the following:

primary hyperparathyroidism

chronic liver disease

chronic renal disease

proven malabsorptive disease

rheumatoid arthritis

conditions associated with thyroxine excess

**Item 12321** One service only in a 24 month period.

Measurement of BMD 12 months following a significant change in therapy for established low bone mineral density. (change in class of drugs rather than change in dose regime)

**Item 12322** Restricted to once only in a 2 year period

Has had previous BD showing T-score lower than -1.5

## ROUTINE BMD MEASUREMENT

Includes all other indications. No Medicare Benefit applicable. Our normal fee applies

## CLINICAL HISTORY

If renal impairment, recent Creatinine/eGFR=

## DOCTOR

Name Provider Number

Address

Date Phone Films

Email

Copy to

NCR & CVI are committed to sustainability. All images are available digitally.

## PATIENT

Please call patient to arrange appointment

Patient will call

[ZED Information](#)

Appointment Date:

Time:

[Images & report when complete \(ZED\)](#)

Preparation:

INTERNAL USE ONLY

Patient ID

Accession #

Please bring this form, Medicare and concessional cards to your appointment along with any previous relevant films.

Your medical practitioner has recommended you use NCR or CVI for quality imaging. You may choose another provider but please discuss this with your medical practitioner first.

[www.ncrg.com.au](http://www.ncrg.com.au)

[BMD Information](#)

[Results \(InteleConnect\)](#)

**NORTH COAST**  
Radiology

**1300 669 729**

## LOCATIONS & SERVICES

### BALLINA

[93 Tamar Street](#)

X-Ray, CT, OPG  
Mammography 3D  
Bone Densitometry  
Ultrasound, MRI  
[ballina@ncrad.com](mailto:ballina@ncrad.com)

### LISMORE

St Vincents Hospital  
[2Dally Street](#)

Women's Imaging  
Mamography  
3D Tomosynthesis  
Bone Densitometry  
Ultrasound  
[ncrwi@ncrad.com](mailto:ncrwi@ncrad.com)

**CLARENCE VALLEY**  
Imaging

### GRAFTON

[137 Fitroy St](#)

Phone 6604 2400  
3D Tomosynthesis  
Bone Densitometry  
CT, MRI, OPG  
Ultrasound  
[grafton@ncrad.com](mailto:grafton@ncrad.com)