

Name: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Appointment Date: \_\_\_\_\_ AT: \_\_\_\_\_  
(Date) (Time)

**Pre-appointment instructions:**

1. Please remove any clothing with zippers, buttons, underwire bras, metal, etc.
2. A gown(s) will be provided for you.
3. Do **not** take any calcium pills on the day of your scan.
4. This test must be done prior to any Barium-related or contrast-related (“dye”) studies. If not, your bone density study may be delayed.

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**ICD-10 Diagnosis (Check all that apply):**

- |   |   |
|---|---|
| <input type="checkbox"/> E21.3 Hyperparathyroidism              | <input type="checkbox"/> M85.89 Osteopenia, multiple sites    |
| <input type="checkbox"/> E24.9 Cushing’s syndrome               | <input type="checkbox"/> M85.88 Osteopenia, other sites       |
| <input type="checkbox"/> E28.39 Other ovarian failure           | <input type="checkbox"/> M81.8 Drug-induced Osteoporosis      |
| <input type="checkbox"/> E29.1 Testicular hypofunction          | <input type="checkbox"/> M81.8 Idiopathic Osteoporosis        |
| <input type="checkbox"/> E89.40 Post ablative ovarian failure   | <input type="checkbox"/> M810 Osteoporosis                    |
| <input type="checkbox"/> E889 Unspec. Vitamin D deficiency      | <input type="checkbox"/> M81.0 Post menopausal osteoporosis   |
| <input type="checkbox"/> E8350 Calcium Metabolism Disorder      | <input type="checkbox"/> N25.81 Secondary hyperparathyroidism |
| <input type="checkbox"/> E28319 Artificial menopause states     | <input type="checkbox"/> N189 Chronic renal failure           |
| <input type="checkbox"/> K91.2 Malabsorption, calcium           | <input type="checkbox"/> Q789 Renal osteodystrophy            |
| <input type="checkbox"/> K909 Post-op Nonabsorption (NOS)       | <input type="checkbox"/> OTHER: _____                         |
| <input type="checkbox"/> K909 Intestinal malabsorption, unspec. |   |
| <input type="checkbox"/> M83.9 Osteomalacia                     |   |

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**Provider Name** \_\_\_\_\_

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**Provider Signature** \_\_\_\_\_

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**Date** \_\_\_\_\_

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**Time** \_\_\_\_\_

