



TELEPHONE (08) 8293 8349

# MEDICAL PARTNERS: DRS WILTON BRAUND, GEORGE TALLIS, SIMON VANLINT

Patient Last Name:	Date of Birth:	Sex:
Given Name(s):	Telephone: (H)	
Address:	. , ,	
	(Mob)	
REQUEST FOR:	Medicare No:	
Bone Densitometry		
☐ Vertebral Fracture Assessment (patient fee applies)		
☐ Bone resorption marker		
REFERRING DOCTOR DETAILS:	COPIES TO:	
DOCTOR SIGNATURE:	DATE:	
APPOINTMENT DETAILS IMPORTAN	T – IF UNABLE TO ATTEND PLEA	ASE CALL (08) 8293 8349
PLEASE BRING YOUR MEDICARE CARD WITH YOU		
Appointment on// at	AM/PM Locatio	n
REASON FOR REFERRAL:		
MEDICARE ITEM NO 12320 – eligible every 5 years  ☐ Over 70 years for an initial BMD or every 5 years if previous		
T score is better than -1.5		
MEDICARE ITEM NO 12322 – eligible every 24 months	VERTEBRAL FRACTUR	E ASSESSMENT:
☐ Over 70 years for a BMD every 2 years if previous  T score lies in the range -1.5 to -2.5	☐ Spine thoracic and lumbar ima	
MEDICARE ITEM NO 12306 - eligible every 24 months	clinical information which may when combined with BMD.	enhance treatment options
Proven osteoporosis (at least 12 months prior)	<ul> <li>Performed at the same visit for</li> </ul>	or BMD.
☐ Wedging/fracture (minimal trauma)	<ul> <li>Very low radiation dose DEXA</li> </ul>	1
MEDICARE ITEM NO 12312 - eligible every 12 months	<ul> <li>Patient fee applies</li> </ul>	
☐ Prolonged steroid therapy	BONE RESORPTION I	MARKER
<ul><li>☐ Male hypogonadism (low testosterone)</li><li>☐ Female hypogonadism (amenorrhoea)</li></ul>	☐ Fasting Serum CrossLaps	
☐ Early menopause	Please refer to back page for fa	asting instructions
MEDICARE ITEM NO 12315 - eligible every 24 months	CLINICAL DETAILS:	
☐ Rheumatoid arthritis		
☐ Hyperparathyroidism ☐ Chronic liver/renal disease		
☐ Crohn's disease		
□ Coeliac disease		
$\square$ Conditions associated with thyroxine excess		
MEDICARE ITEM NO 12321 - eligible every 12 months		
☐ Significant change in treatment		
☐ Under 70 years screening (fee applies)		

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## **Explanation of MEDICARE ITEM Numbers.**

### MEDICARE ITEM NO 12320 - eligible every 5 years

 Over 70 years for an initial BMD or every 5 years if previous T score is better than -1.5

### MEDICARE ITEM NO 12322 - eligible every 24 months

 Over 70 years for a BMD every 2 years if previous T score lies in the range -1.5 to -2.5

## MEDICARE ITEM 12306 - eligible every 24 months

- · Previously suffered one or more fractures after minimal trauma
- Previous diagnosis, (at least 12 months prior) of low bone mineral density defined as previous T-score of <-2.5 OR Z-score <- 1.5</li>

## MEDICARE ITEM 12312 - eligible every 12 months

- · Prolonged glucocorticoid (steroid) therapy
- · Conditions associated with excess glucocorticoid secretion
- Male hypogonadism (low testosterone)
- Female hypogonadism (amenorrhoea) >6 months before 45 years of age
- · Early menopause (before age 45 years)

## MEDICARE ITEM 12315 - eligible every 24 months

- Primary hyperparathyroidism
- · Chronic liver or renal disease
- · Proven malabsorptive disorders Crohn's disease, coeliac disease
- · Rheumatoid arthritis
- · Conditions associated with thyroxine excess

## MEDICARE ITEM 12321 - eligible every 12 months

After a significant change in therapy (class of drug rather than dose regimen) for established low bone density or history of one or more fractures after minimal trauma

### **FASTING SERUM CROSSLAPS INSTRUCTIONS:**

You must fast for 12 hours before the blood test. This means no food, milk or juices are allowed. You should drink some water.

Medication can be taken prior to the blood test - except calcium supplements which must not be taken.

When booking your appointment, please let staff know that your doctor has requested the Fasting Serum CrossLaps test. Osteoscan staff will book an early morning appointment due to fasting.





