

Crossroads Medical Associates, LLC
DEXA Scan Patient Information

Patient Name _____ Date of Visit: _____

Date of Birth _____ Age _____ Physician: _____

Height ___ft ___in Weight _____lb Ethnic Background _____ Gender: M F

YES NO

- Have you ever had a DEXA Bone Density Scan before?
- Have you taken a calcium supplement in the past 24 hours?
- In the last week, have you had an x-ray or nuclear medicine study that required barium or contrast?
- Have you ever had surgery on the hips or lumbar spine? If so, list:

- Have you had a previous fracture?
- Has either parent fractured a hip?
- Current smoker?
- Do you have Rheumatoid Arthritis?
- Do you drink more than 3 units of alcohol per day?
- Do you take Glucocorticoids?

For women only:

YES NO

- Is there any chance you could be pregnant? Date of last period: _____

Waiver of Liability

In the interest of your overall bone health, your doctor recommends that you get the DEXA bone density scan. Nonetheless, some insurance companies do not cover this medical service. Crossroads Medical Associates will make every attempt to have the DEXA scan reimbursed by your insurance company. In the event that the DEXA scan is considered routine or otherwise not payable by your insurance company, we will bill the patient for the DEXA scan. By signing this form, the patient or responsible party agrees to pay Crossroads Medical Associates for the DEXA scan in the event that the insurance company refuses payment, or for the balance due should they cover a portion of the cost.

Patient / Responsible Party Signature _____

Date _____