

Apex Diagnostic Services – BMD Requisition



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Monday - Friday 9am-5pm, Closed for lunch 12-1pm
Visit our website @ www.Apex-Diagnostics.com

A Requisition and Valid Health Card MUST be presented at time of appointment.

Pt. Name: _____

Phone#: _____ DOB: _____

HCN: _____ M ☐ F ☐

Indications and
Clinical Information: _____

REFERRING PHYSICIAN

M.D/N.P.

C.C

Mandatory Signature

Request of Urgent Reports:

Verbal: ☐ Tel: _____ ☐ Fax: _____

- ☐ **Baseline:** Once per lifetime
- ☐ **Low or Medium/Moderate risk** (every 60 months) *
- ☐ **High risk/Therapy monitoring/Risk factor for Secondary osteoporosis**** (every 36 months)
- ☐ **New development of Secondary causes, New Fracture or other risk factor for rapid bone loss.** (every 12 months)
- ☐ **Other Risk Factor** (Every 12 months but only if at risk of Hypercortisolism/Cushing's Syndrome or on High dose glucocorticoid therapy of >20mg prednisone equivalent per day)

See the next page for a break down of Eligibility Criteria for OHIP funded BMD service. Completion of this form is Mandatory.

Please fill out the below information as it is additional information required for BMD eligibility according to the new Schedule of Benefits as of April 1, 2026.

Date of most recent BMD: _____

Start Date of Osteoporosis pharmacotherapy: _____

End Date of Osteoporosis pharmacotherapy: _____

Date of Fragility Fracture: _____

Date of New development of Secondary cause of Osteoporosis: _____

Start/End Date and amount (mg) of Glucocorticoid/Prednisone use: _____

Please fax any relevant information to us that will help to prove your patient's eligibility for this BMD procedure.

* Canadian Association of Radiologists and Osteoporosis Canada Tool (CAROC) <https://osteoporosis.ca/caroc/>
or

Fracture risk assessment tool (FRAX) Low risk (<10%), Medium risk (between 10%-15%), High risk (>15%) or
<https://osteoporosis.ca/frax/>

For an electronic copy of this requisition, please email us a request at Apex.Sherbrooke@gmail.com

Eligibility Criteria for OHIP funded BMD service. – Completion of this form is Mandatory.

Baseline (Once per lifetime)	☐ Age > 50 ☐ With an estimated FRAX risk of <10%
Low Risk (Once every 60 months/5 years)	☐ Age > 65 ☐ With an estimated FRAX risk of <10% ☐ Low Risk based on the CAROC table ☐ Normal bone in the Diagnostic category
Medium/Moderate Risk (Once Every 60 months/5years)	☐ With an estimated FRAX risk between 10% and 15% ☐ Moderate Risk based on the CAROC table ☐ Low bone mass or Osteopenia
Additional Test – Other Risk Factors (Once every 12 months/1year)	☐ Hypercortisolism/Cushing's Syndrome ☐ Receiving High Dose Glucocorticoid Therapy of >20mg Prednisone equivalent per day.

High Risk patient or Therapy Monitoring or Risk factor for secondary osteoporosis (Once every 36 months/3 years)

Please provide a date if this is a new diagnosis in the last 3 years.

- ☐ With an estimated FRAX risk of >15% _____
- ☐ High Risk based on the CAROC table _____
- ☐ 36 months after initiating Osteoporosis pharmacotherapy _____
- ☐ 36 months after stopping Osteoporosis pharmacotherapy _____
- ☐ New Fragility Fracture _____
- ☐ Signs of possible vertebral fracture (prospective height loss etc.) _____
- ☐ Frequent falling, ≥ 2 in the last year _____
- ☐ Parent hip fracture or osteoporosis _____
- ☐ Body mass index < 20kg/m² _____
- ☐ Smoker past or present _____
- ☐ Alcohol ≥ 3 drinks/day _____
- ☐ Excessive Caffeine Intake (more than 4 cups a day) _____
- ☐ Weight Loss of More than 10% Weight before Age 25 _____
- ☐ *Women:* Early Menopause (before the age of 45) _____
- ☐ Diuretic and/or Blood pressure Medication _____
- ☐ A risk factor for secondary osteoporosis consistent with Canadian clinical practice guidelines in place at time of service (See below)

Causes of Secondary Osteoporosis or that have adverse effects on bone health
(Eligible every 3 years, unless Secondary Causes are NEW - then eligible for every 1 year)

Please provide a date if this is a NEW diagnosis in the last 3 years.

Drugs

- ☐ - Glucocorticoid Steroids - 7.5mg prednisone (or more) daily for 3 (or more) months in the last year. (90 days or more in the last 365 days) _____
- ☐ Aromatase inhibitors (Arimidex, Letrozole), Start date: _____
- ☐ Anticonvulsants (particularly phenytoin, phenobarbital), Start Date: _____
- ☐ History of Hormone Suppressing Treatment for Breast Cancer, Start date: _____
- ☐ *Men:* History of Hormone Suppressing Treatment for Prostate, Cancer Start Date: _____
- ☐ GnRH agonists and antagonists, Start Date: _____
- ☐ Cancer Chemotherapy, Start Date: _____
- ☐ Immunosuppressants (eg. cyclosporine), Start Date: _____
- ☐ Depo-Provera, Start Date: _____
- ☐ Long- term Heparin Therapy, Start Date: _____

Rheumatologic Disorders

Please provide a date if this is a NEW diagnosis in the last 3 years.

- ☐ Rheumatoid arthritis _____
- ☐ Other inflammatory arthritis disorders _____
- ☐ Systemic Lupus erythematosus _____

Gastrointestinal Nutritional Disorders

Please provide a date if this is a NEW diagnosis in the last 3 years.

- ☐ Inflammatory bowel disease _____
- ☐ Celiac disease _____
- ☐ Bariatric Surgery _____
- ☐ Pancreatic insufficiency _____
- ☐ Other malabsorptive syndromes _____
- ☐ Primary biliary cholangitis _____
- ☐ Chronic liver disease _____
- ☐ Eating disorders _____
- ☐ Parenteral nutrition _____
- ☐ Vitamin D and/ or Calcium Deficiency _____

Other Disorders

Please provide a date if this is a NEW diagnosis in the last 3 years.

- ☐ Multiple myeloma _____
- ☐ Idiopathic hypercalciuria _____
- ☐ Chronic kidney disease/renal failure _____
- ☐ COPD _____
- ☐ Organ transplant _____
- ☐ Multiple sclerosis _____
- ☐ Parkinsons disease _____
- ☐ Other neuromuscular disorders _____
- ☐ Prolonged immobilization _____
- ☐ Paget's disease _____
- ☐ Acquired causes of osteomalacia _____

Genetic Disorders

Please provide a date if this is a NEW diagnosis in the last 3 years.

- ☐ Osteogenesis imperfecta _____
- ☐ Hypophosphatasia _____
- ☐ Other genetic causes of osteomalacia _____

Endocrine Disorders

Please provide a date if this is a NEW diagnosis in the last 3 years.

- ☐ Hyperparathyroidism _____
- ☐ Hyperthyroidism _____
- ☐ Diabetes mellitus (Type 1 & Type 2) _____
- ☐ Prolonged premature hypogonadism _____
- ☐ Acromegaly _____

**** Examples of Secondary Osteoporosis consistent with Canadian Clinical Practice Guidelines.**

<https://osteoporosis.ca/2023-clinical-practice-guideline/>