

DEXA DENSITOMETRY TESTING REFERRAL FORM

Patient Name: _____ DOB: _____ Phone #: _____

Procedure Ordered (mark one)	Indication/ Diagnosis
_____ 77080 Axial Diagnostic DEXA Study (hip, spine)	
_____ 77081 Peripheral Screening DEXA Study (forearm, wrist)	
_____ 77086 Lateral Vertebral Assessment (LVA)	
_____ 94690 Resting Metabolic Rate Test (RMR), Oxygen uptake	
_____ DEXA Body Composition/ Visceral fat	

Ordering Physician: _____ Signature Required: _____

Prevent Osteoporosis

Protect your bones, avoid fractures and improve your quality of life!

Talk to your doctor about the risk factors related to osteoporosis (weak fragile bones) and be proactive about your bone health. XR IMAGING is committed to assist patients in preventing osteoporosis by offering the exceptional patient care using DEXA technology. You can find more information about osteoporosis at The National Osteoporosis Foundation (NOF) www.nof.org

Instructions

For your bone density appointment wear comfortable clothing with no metal around your waist and/or lower back. Notify the technician about any radiologic examination you have had 48 hours before your bone density test. Avoid calcium supplements 24 hours before your appointment.

Location:

10921 Pellicano Suite 102
El Paso, TX 79935
915.613.2748



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