

Endocrinology Clinic
Fax: 504.903.1605

Patient Label/Stamp

Fax this form with the Endocrinology master referral form when requesting an appointment.

Appendix: Osteoporosis/Osteomalacia/Low Bone Density

Serum albumin, alkaline phosphatase, calcium, creatinine, phosphorus, 25-hydroxy-Vitamin D, PTH tests (all current within the past 6 months) and a DXA Scan (within the past 12 months) are required for this referral. See below for technical instructions on specimen collection. Indicate your lab results if not available in CLIQ or fax a copy with the Endocrine referral form and send a copy with the patient.

Patient Name: _____ Date of Referral: ___/___/___
Date of Birth: ___/___/___ LIH Medical Record Number: _____

Albumin	_____	Date: ___/___/___
Alkaline phosphatase	_____	Date: ___/___/___
Calcium	_____	Date: ___/___/___
Creatinine	_____	Date: ___/___/___
Phosphorus	_____	Date: ___/___/___
PTH	_____	Date: ___/___/___
25-OH-Vitamin D	_____	Date: ___/___/___

DXA Results:		Date: ___/___/___
Hip	T-score _____	Z-score _____ Density _____
Spine	T-score _____	Z-score _____ Density _____
Distal Radius	T-score _____	Z-score _____ Density _____