



**CLAY CENTER FAMILY PHYSICIANS, PA**  
**609 LIBERTY STREET**  
**CLAY CENTER, KANSAS 67432**  
**(785) 632-2181 FAX (785) 632-2309**

**Bone Density Scan**

You are scheduled for a bone density scan. Bone Densitometry uses an advanced technology called DXA (Dual-energy X-ray Absorptiometry) to measure the bone mineral density, usually of your hip and spine. This helps determine whether you are at high, increased, or low risk of osteoporosis and bone fracture. The test is painless, uses extremely low levels of radiation, and takes less than 30 minutes to complete.

**PLEASE REPORT TO THE FRONT DESK OF THE LAB/ANCILLARY OFFICE of CCFP**  
**DATE: \_\_\_\_\_ TIME: \_\_\_\_\_**

**Preparation**

- Leave your valuables at home. All jewelry and any metal objects must be removed prior to the exam.
- Do not take any calcium supplements for 12 hrs prior to the exam.
- Wear comfortable clothing without metal hooks, underwire, buttons or zippers. Pants with an elastic waistband are recommended.
- Please notify the technologist if you are pregnant or could be pregnant as this machine uses radioactivity.
- Let us know if there is any metal in the part of the body being imaged, such as spinal fusion rods or a hip prosthesis.
- DEXA studies cannot be scheduled within 14 days following any test using iodine, barium or nuclear isotopes.
- Please arrive 15 minutes prior to the exam.

**Procedure**

- Allow approximately 15 to 30 minutes for the procedure.
- You will be asked to lie on your back on a padded scanning bed and breathe normally. A scanner will pass over one area of your skeleton—your lower spine, wrist or hip—as a dual energy beam of low dose x-ray passes through your body and is measured by a detector. You will not feel anything during the exam.
- The technologist will reposition your arms and legs as needed and a scan of a second skeletal area will be taken.
- DEXA technology measures the amount of x-rays absorbed by the bones in your body. The two x-ray energies allow the machine to differentiate between bone and soft tissue, giving a very accurate estimation of bone density.

❖ **Please complete the Osteoporosis Testing Questionnaire and give to the receptionist when you check in for your appointment. Thank you.**

## Osteoporosis Testing Questionnaire

**Please circle the best answer**

#1: Sex Male Female

If #1 answered "Male", please skip to #4

#2: Had a full Hysterectomy? Yes No

If "Yes", how many years ago? \_\_\_\_\_

#3: Do you have Periods? Yes No

If "No", how long since you have had one? \_\_\_\_\_

#4: Do you smoke? Yes No

#5: Drink 2 or more soda per day? Yes No

#6: Drink 3 or more alcoholic beverages per day? Yes No

#7: Weekly program that includes weight bearing exercise Yes No

#8: Have an exercise program Yes No

#9: Taking Estrogen Therapy Yes No  
If quit, how long ago? \_\_\_\_\_

#10: Have you had a fracture in your life that did NOT result from trauma? Yes No

#11: Family members with osteoporotic fractures. Yes No

#12: History of pagets disease. Yes No

#13: Had radiation therapy Yes No

#14: Have Cystic Fibrosis Yes No

#15: Have Asthma Yes No

#16: Have Inflammatory Bowel Disease Yes No

#17: Have Prostate Cancer Yes No

Have you taken any of the following?	
<u>Medication</u>	<u>For how long?</u>
Fosamax	_____
Alendronate	_____
Evista	_____
Boniva Oral or IV? <i>(Circle one)</i>	_____
Prolia	_____
Reclast IV	_____
Forteo Injections	_____
Tamoxifen	_____
Arimidex	_____
Femara	_____
Lupron	_____
Dilantin	_____
Phenobarbital	_____
Medrol	_____
Prednisone <i>Dose</i> _____	_____
Testosterone Inject or Patch <i>(circle One)</i>	_____
Multi Vitamin	_____
Calcium Supplement	_____

<b><u>Demographics</u></b>			
<i>For Office Use Only</i>			
Mr.	Ms.	Mrs.	Dr.
Name: _____			
DOB: _____			
Height: _____			
Weight: _____			
Address: _____			
_____			
Ordering Dr. _____			
Primary Dr. _____			