Date:____________________

X-ray Associates Bone Density Appointment Questionnaire

1. Name____
2. Have you had a BMD test before? Yes______ No______
3. When____
4. Where____
5. What has your doctor requested on the requisition?__________________________
   (Clinical)____
6. Name of doctor____
7. How long have you been with this doctor_________________________________
8. Health Number____
9. Phone Number____
10. Make appointment (Date/time)____
11. Inform patient that OHIP has set new guidelines for BMD tests. We will check to make sure that the patient is eligible. If there is any issue, we will call back and let you know the situation.

Checklist for after appointment has been made

Previous X-ray Associates: No_______ Yes_______ Date____________

Previous IVR: No______ Yes______ Date______________________

Previous from Doctor's Office: No______ Yes__ ____ Date____________

High Risk: Date of Previous ____

Final Billing Code: ______________

Initials:______________ Date:______________