



Osteoporosis Clinic at Pacific Internist Group
550 West Broadway, Unit 551
Vancouver, BC, V5Z 1E9
T. 604-620-8784 F. 604-620-8724

A Bone Mineral Density within the last 3 years is required. Please indicate if one is available, if not our office will arrange for one prior to appointment date.

BMD Attached **No BMD available**

Doctor Requested (Please Check):

First Available _____
Larry Dian _____ (Geri)
Susan Purkiss _____ (Int. Med)
May Kazem _____ (Rheum)

PATIENT: NAME: _____

PHN: _____ **DOB(mm/dd/year):** _____ **Gender:** _____

ADDRESS: _____ **Ph: ()** _____

PRIMARY CONTACT: NAME: _____

RELATIONSHIP: _____ **Ph: ()** _____

EMAIL: _____

Fracture History (location, date):

Past Medical and Surgical History:

Current Medications:

REQUESTING PHYSICIAN : _____ **BILLING/MSP #** _____

FAMILY PHYSICIAN (IF DIFFERENT THAN ABOVE): _____ **MSP** _____

Please attach resent labs, imaging reports, hospital discharge summaries or consultations if available.