



Osteoporosis Clinic at Pacific Internist Group  
550 West Broadway, Unit 551  
Vancouver, BC, V5Z 1E9  
T. 604-620-8784 F. 604-620-8724  
E-Mail: Bookings.PGG@shaw.ca

**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)  
Sue Purkiss \_\_\_\_\_ (Int. Med)  
Stephanie Li \_\_\_\_\_ (Endo)  
Mathilde Pioro \_\_\_\_\_ (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.