



Osteoporosis and Bone Disease Program

268 Grosvenor St.
London, ON N6A 4V2
Phone: 519-646-6000 ext. 64434
Fax: 519-646-6043

Dr. Tayyab Khan
Dr. Jenny Thain
Dr. Kristin Clemens

Osteoporosis and Bone Disease Program Referral Form

PATIENT INFORMATION

Name: _____ Gender: M F
Date of Birth: _____
(YYYY/MM/DD)
Health Card: _____
Address: _____

Telephone: _____
Family Physician: _____

REFERRING PHYSICIAN INFORMATION

Name: _____
Telephone: _____
Fax: _____
Address: _____

Reason For Consult:

Osteoporosis Paget's Disease Calcium Disorder Other: _____

Has the patient had a prior consultation with us for this problem? N / Y , Dr. _____ Date: _____

History of illness: _____

To assist the program with triaging the patient referral in a timely manner the following information must be received

Osteoporosis:

1. Current BMD (within the past year or
2. Evidence of fracture(s) Any one of the following:
 - X-rays documenting fractures at the spine or femur
 - Operative report for fracture repair

Paget's disease:

1. Recent and historic alkaline phosphatase (ALP) levels
2. Imaging suggestive of Paget's disease:
 - X-rays or
 - Bone scan

Hyperparathyroidism:

1. PTH
2. Calcium
3. Albumin
4. 25 hydroxy vitamin D