



OBSTETRICS | GYNECOLOGY | GYNECOLOGIC SURGERY

2000 W. 21st St., Suite A-1, Clovis, NM 88101
Phone: 575-762-8055 Fax: 575-763-3351

PATIENT INSTRUCTIONS FOR A BONE DENSITY SCAN

Your bone density scan is very comfortable and will take a total of approximately 30 minutes. It does not require any injections or treatments in preparation. The following instructions will help us make this test a positive experience for you and your physician.

1. **DO NOT TAKE ANY CALCIUM SUPPLEMENTS FOR 4 DAYS BEFORE YOUR TEST!** This includes calcium fortified foods such as Minute Maid orange juice fortified with calcium.
2. Do not have any x-rays with dyes done within 3-5 days of your test. Call and reschedule your bone density if these tests have been done.
3. Wear a jogging suit **OR** apparel that **does not have metal or plastic such as zippers, buttons, belts, etc.** Cotton clothing is best.
3. Notify us if you are pregnant or think you might be.
4. Please call at least 24 hours in advance to reschedule.

Thank you!



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Name: _____ Date: _____

Date of Birth: _____ Sex: Female Male

Race: Caucasian Hispanic African American Asian Other

Referring Physician: _____

(Let receptionist know if copy needs to go to additional doctor/provider)

Have you ever had a Bone Density Study before? _____ When? _____ Where? _____

Do you drink more than two alcoholic beverages per day? _____

Do you smoke? _____ If yes, how much per day? _____

Have you ever had cancer? _____ If yes, what type? _____

Have you ever fractured any bones? _____ At what age? _____

If yes, which bones? _____ How? _____

Do you have any metal implants? _____ If yes, where? _____

Have either of your parents suffered a broken hip? _____

Do YOU have any of the following? (check all those that apply)

Insulin Dependent Diabetes Mellitus _____ Osteogenesis Imperfecta _____

Partial or Complete Paralysis _____ Hyperthyroid (overactive) _____ Lupus _____

History of DVT (Deep Vein Thrombosis) _____ Any form of liver disease _____

Rheumatoid arthritis (NOT osteoarthritis or gout) _____

Hyperparathyroidism (overactive parathyroid gland) _____

Kidney Failure (on dialysis or may need it in the future) _____

Intestinal disease (Crohn's, Ulcerative Colitis, Sprue) _____

Has part of your stomach been removed (gastrectomy/weight loss surgery) _____

Have you had any testing/procedure in the last 72 hours using contrast dye (i.e. IVP, barium enema, upper GI, x-ray) _____

