

BONE and BELLY

DEXA Body Composition & Bone Density Services

1660 S Albion St, Suite 350 | Denver, CO 80222 | www.boneandbelly.com

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PHYSICIAN / PRACTITIONER ORDER FORM

DEXA Body Composition & Bone Density Scanning

PATIENT INFORMATION

Last Name	First Name	M.I.	Date of Birth	Sex	Phone
Address	City	State	ZIP	Email	

ORDERING PRACTITIONER

Practitioner Name	Credential / Specialty	NPI Number	Phone	Fax
Practice / Clinic Name	Address	City, State ZIP		

SCAN ORDER

Scan Type(s) Ordered	Clinical Indication / ICD-10	Priority
☐ DXA - Dual Femur with PA Spine and VFA (Vertebral		☐ Routine
☐ DXA - Dual Femur and PA Spine		☐ Urgent
☐ DXA - Dual Femur		
☐ DXA - PA Spine		
☐ DXA - Forearm		
☐ DXA - Body Composition		

CLINICAL NOTES / SPECIAL INSTRUCTIONS (optional)

IMPORTANT: Patients without an outside order are covered by the Bone and Belly medical director. This form is only needed when the patient's own practitioner (MD, DO, DC, NP, PA) is ordering the scan. This form serves as the required order of record and will be retained in the patient file.

PRACTITIONER AUTHORIZATION & SIGNATURE

Practitioner Signature	Printed Name	Date

By signing above, the practitioner certifies they are licensed to order the indicated diagnostic procedure(s) in the State of Colorado and that this order is medically appropriate for this patient.