OSTEOPOROSIS DIAGNOSTIC CENTER

V12.2.15

- **Please ask your patient to contact us within 5-10 business days after sending the referral, to Schedule the appointment.**
- **Fax Referral: 707-445-3778**

Reason for Referral (Clinical Question)	"Required" Clinical Testing & Documentation	"Preferred" Additional Clinical Testing & Documentation
• **Dexa (Bone Density Test)**	1. Reason for referral 2. If HMO insurance, need preauthorization 3. If part of annual exam, please note this	Medication list
• **Osteoporosis Consult**	1. Reason for referral 2. Recent lab reports 3. If partnership insurance, need RAF	