

SASKATOON OSTEOPOROSIS CENTRE

SUITE 209, 39 23RD STREET EAST SASKATOON, SK S7K 0H6

PH: (306) 933-2663
FX: (306) 665-0421
osteocentre@sasktel.net

BONE DENSITY REQUISITION

PATIENT INFORMATION

NAME:		
PHN:	DOB:	
ADDRESS:		
HOME PHONE:	CELL PHONE:	OTHER(SPECIFY):

PHYSICIAN INFORMATION

ORDERING PHYSICIAN:		
ADDRESS:		
PHONE:	FAX:	
SIGNATURE:	DATE:	

Check if your office wants to be informed by fax of the appointment date & time.

An appointment letter will be mailed directly to the patient.

This requisition is for a **bone density only** and does not include a consultation appointment with Dr. Olszynski. Please make sure patient is aware of the **\$120 fee** for the bone density.