

P A R S  
**OSTEOPOROSIS**  
 CLINIC

407 Main Street, Suite 2  
 Belpre, OH 45714

Phone: 740-315-5706

## Patient Referral Form

Please complete the information below and fax to (304) 865-3700. We will call the patient to schedule.

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Patient Phone Number(s): Home \_\_\_\_\_

Work/Cell Phone \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Referring Provider: \_\_\_\_\_

NPI: \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**Please send copies of recent labs and all available DXA tests.**

**Copy of patient insurance card attached.**

Reason for appointment:

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	<p><b>Comprehensive Bone Health Evaluation:</b> Referral for evaluation of low bone mass, including history/physical, DXA/labs as needed, treatment plans, and follow-up as indicated.</p>
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	<p><b>DXA Bone Density Testing with Vertebral Fracture Assessment with interpretation</b></p>
	<p><b>DXA Bone Density Testing with interpretation</b></p>

In appreciation for our referring providers, we include the FRAX assessment and the WHO's treatment recommendations on all of our DXA reports.