

Viera Diagnostic Center, LLC  
7000 Spyglass Ct #260  
Viera, Florida 32940  
Phone: (321) 254-7880  
Fax: (321) 254-7707

Viera Diagnostic Center, LLC  
6609 N. Wickham Rd. #101  
Melbourne, FL 32940

### DEXA SCAN PATIENT QUESTIONNAIRE

<b>Patient:</b>	<b>DOB:</b>
<b>Phone #:</b>	<b>Date:</b>
<b>Referring Doctor:</b>	<b>MR#:</b>
	<b>Insurance:</b>
	<b>Tech:</b>

WHAT IS YOUR HEIGHT:                      WEIGHT:                      RACE: White Black Hispanic Asian Other  
HAVE YOU HAD A DEXA BEFORE?                      IF YES, WHEN?                      WHERE?  
IS THERE A FAMILY HISTORY OF OSTEOPOROSIS?                      YES                      NO  
HAVE YOU EVER HAD A COMPRESSION FRACTURE OF THE SPINE?                      YES                      NO

DO YOU HAVE METAL IN THE FOLLOWING AREAS?

LUMBAR SPINE                      HIPS: LEFT RIGHT

PLEASE LIST ANY BONES YOU HAVE BROKEN:

DO YOU TAKE ANY CALCIUM SUPPLEMENTS?

PLEASE LIST:

ARE YOU TAKING ANY OF THESE MEDICATIONS CURRENTLY?

STEROIDS (PREDNISONE, CORTISONE ETC)

LIST:

THYROID MEDICATION

LIST:

OSTEOPOROSIS MEDICATION

LIST:

#### \*\*\*\*MEDICARE ADVANCE/ BENEFICIARY NOTICE\*\*\*\*

Under Section 1872(a)(1) of Medicare Law, Medicare will only pay for services which are deemed 'reasonable and necessary'. Payment will be denied for services, which are deemed as such by Medicare Program Standards. This test is likely to be denied for payment for the reasons listed below.

[ ]The frequency of this test has exceeded the amount Medicare will pay. (It has to have been two years plus one day since your last dexa scan.)

If Medicare denies payment, I agree to personally and fully be responsible for payment.

Signature:

Date:

\*\*\*\*\* FOR FEMALE PATIENT'S ONLY\*\*\*\*\*

HAVE YOU GONE THROUGH MENOPAUSE?

IF SO, WHEN?