



# OREGON OSTEOPOROSIS CENTER

A National Leader in Bone Health Care

Michael McClung, MD, Founding Director

## Referral for Bone Density Testing

Name of patient: \_\_\_\_\_

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

Clinical data / diagnosis: \_\_\_\_\_

\_\_\_\_\_

### **Scheduling for all locations**

**503-215-6586 or 1-800-833-8899 ext. 56586**

*For your convenience, patients may call to schedule their own appointment.*

### **Indication for referral: Check One**

- 733.00 Osteoporosis: general
- 733.01 Osteoporosis: age-related or postmenopausal
- 733.09 Osteoporosis: drug-induced
- 252.00 Hyperparathyroidism
- \_\_\_\_\_ Other: \_\_\_\_\_

### **Referring physician:**

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

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

*Additional copies of this form can be downloaded from  
[www.oroost.com](http://www.oroost.com)*