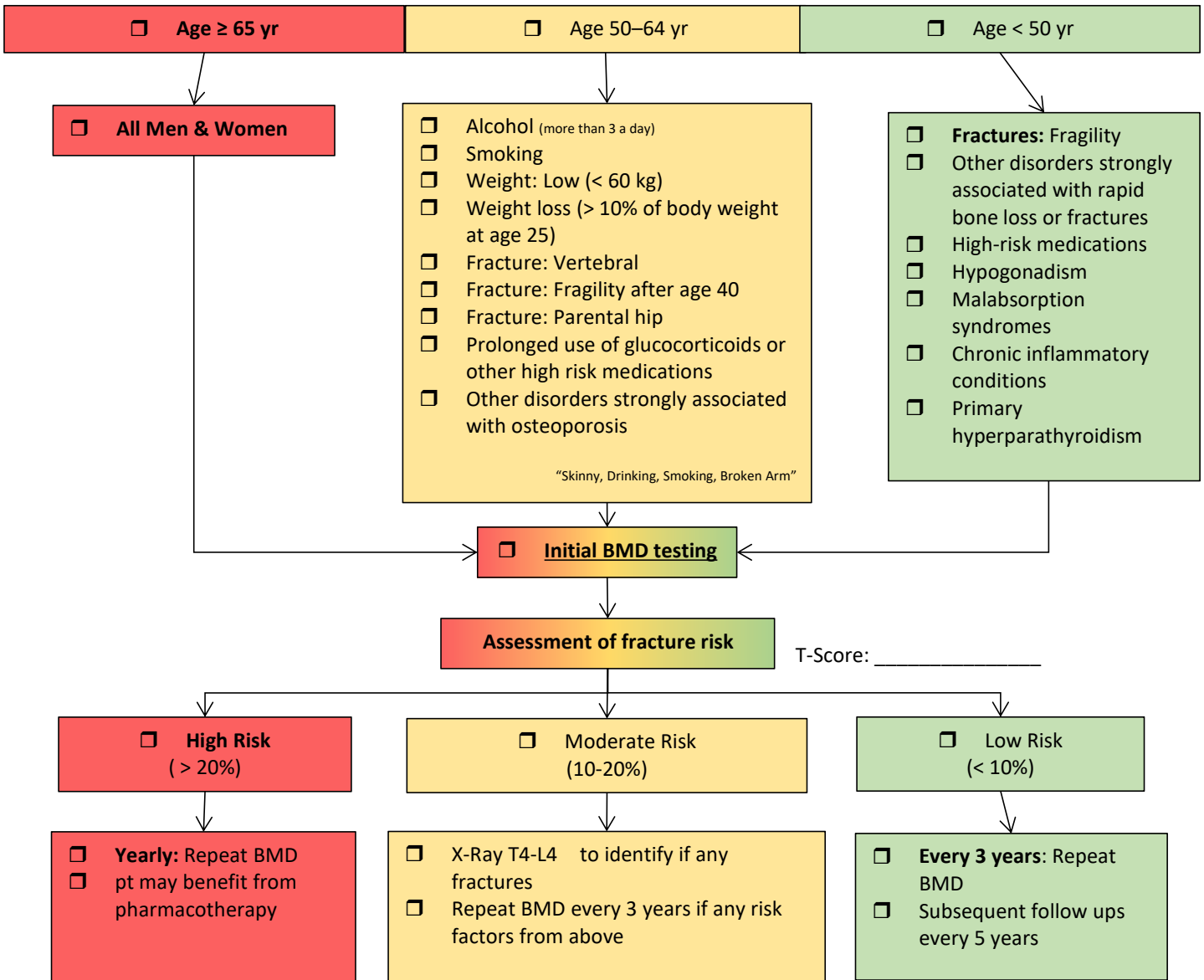


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PLEASE BRING THIS FORM AND YOUR HEALTH CARD ON THE APPOINTMENT DATE

PATIENTS LAST NAME		FIRST NAME		Address		
HEALTH CARD NUMBER				DATE OF BIRTH		
				D	M	Y
TELEPHONE						

Who needs a Bone Density Scan?



MD:

Name

Signature

Billing #

By signing this, the physician confirms that they have educated the patient and it is totally the patient's responsibility to make sure they follow up with a physician for their result