

IOWA BONE CARE CENTER

Referral Form for Consultation and Treatment

Fax to: 319.752.7955



Today's Date _____ Patient's DOB _____

Patient's Name _____ Gender _____

Home Phone _____ Cell Phone _____

Reason for Referral (include any previous fractures) _____

Referring Provider _____ Specialty _____

Provider's Phone _____ Diagnosis _____

- | | |
|--|---|
| <input type="checkbox"/> Previous fracture | <input type="checkbox"/> Celiac Disease |
| <input type="checkbox"/> Intolerance to current osteoporosis treatment | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Decline in bone mass density treated or untreated | <input type="checkbox"/> Chronic steroid use/inhalers |
| <input type="checkbox"/> Malabsorption syndrome/eating disorder | <input type="checkbox"/> Post organ transplant |
| <input type="checkbox"/> Hypogonadism male/female | <input type="checkbox"/> PMO (Post-menopausal Osteoporosis) |
| <input type="checkbox"/> Thyroid Disease | <input type="checkbox"/> Decrease in height |
| <input type="checkbox"/> Parathyroid Disease | <input type="checkbox"/> Young age (<50 with BMD <-2.5) |
| <input type="checkbox"/> Cancer | |

Type of cancer: _____ Year of diagnosis: _____ Surgery Radiation Chemotherapy

If breast cancer: Tamoxifen _____ to _____ Aromatase Inhibitor _____ to _____

Is the patient currently taking or has taken in the past any of the following medications: Risedronate/Actonel, Alendronate/Fosamax, Ibandronate/Boniva, Zoledronate/Reclast, Denosumab/Prolia, Teriparatide/Forteo, Raloxifene/Evista? Thyroid replacement, anticonvulsants, and/or steroids? Please indicate name of medication, duration and dose.

Name of medication	Dose	< 1 year	1-2 years	2 years

Please attach the following documents:

- Bone Density if available Spine x-rays if applicable Bloodwork/Labs (Serum Creatinine, Calcium, and Vitamin D levels if available)

Thank you for your referral! We look forward to providing excellent bone health care to your patient. You will receive electronic updates after each visit.

Please select location:

- 903 Oak St. Burlington, IA 2180 Norcor Ave. Suite B Coralville, IA 5515 Utica Ridge Rd #600 Davenport, IA