



DEXA REFERRAL

2485 Sunrise Blvd, Suite A
 Rancho Cordova, CA 95670
 Phone: (916) 281-2251
 Fax: (916) 400-9264

Date:

Referring Provider:

Patient Name:

Office Contact:

Date of Birth:

Female / Male

Phone Number:

Cell Number:

Fax Number:

Home Number:

Physician NPI:

Patient Address:

Insurance: PPO Medicare Self Pay

Primary Insurance: ID#: _____ Group #: _____

Secondary Insurance: ID#: _____ Group #: _____

Diagnosis: _____

Reason For Referral: _____

- 77080 Bone Density Study, Axial Skeleton
- 77082 Bone Density Study, Verbal Skeleton
- 76499 Body Composition Analysis (Not covered by Insurance)

Is the Patient Pregnant? Yes / No

Has The Patient previously had a DXA scan? Yes / No
