



Orthopaedic Surgeons

Robert A. Kayal, MD, FAAOS
Board-Certified Orthopaedic Surgeon
Founder, President & CEO

Edward C. Friedland, MD, FAAOS
Board-Certified Orthopaedic Surgeon

E. Jeffrey Pope, MD, FAAOS
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Joseph M. Bellapianta, MD, FAAOS
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Daphne E. Pinkas, MD
Board-Eligible Orthopaedic Surgeon

Foot & Ankle Surgeon

Chad W. Rappaport, DPM, FACFAS
Board-Certified Foot & Ankle Surgeon

Podiatrist

Theresa Ronna, DPM
Board-Certified Podiatrist

Physician Assistants

Michael G. Kayal, PA-C
Chief Physician Assistant

Dean P. Mellas, PA-C

Jillian M. Dilonno, PA-C

James J. Verardi, PA-C

Roya Salimi, PA-C, CNMT

Please remove any metal objects such as coins or keys from your pockets and/or “belly-rings” if present before your dexa bone density examination. In addition, if you are wearing pants with a metal zipper, it will have to be “butterflied” during the examination, but a gown will be provided for your comfort and privacy. Please note that you should not have a dexa bone density examination if you are currently pregnant, or have had any radiological study requiring IV or oral contrast material in the last 12 hours.

<i>FIRST NAME</i>	<i>MIDDLE INITIAL</i>	<i>LAST NAME</i>

/ /		LBS
<i>DATE OF BIRTH</i>	<i>HEIGHT</i>	<i>WEIGHT</i>

ICD9	HAVE YOU EVER ENDURED A <u>PATHOLOGICAL, SPONTANEOUS, MINIMALLY TRAUMATIC, LOW ENERGY, FRAGILITY, INSUFFICIENCY-TYPE</u> FRACTURE OF YOUR:	YES	NO
733.15	FEMUR (THIGH BONE)		
733.12	FOREARM OR WRIST		
733.11	HUMERUS OR SHOULDER		
733.13	SPINE OR VERTEBRAE		
733.14	HIP		
733.16	TIBIA, FIBULA (LEG BONES) OR ANKLE		
733.19	OTHER FRACTURE (SPECIFY):		

ICD9	HAVE YOU EVER HAD A <u>STRESS FRACTURE</u> OF YOUR:	YES	NO
733.93	TIBIA, FIBULA (LEG BONES) OR ANKLE		
733.94	FOOT (METATARSAL)		
733.95	OTHER STRESS FRACTURE (SPECIFY):		



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ICD9	HAVE YOU EVER ENDURED A SPINAL COMPRESSION FRACTURE <u>FROM A TRAUMA SUCH AS A FALL FROM A HEIGHT OR A MOTOR VEHICLE ACCIDENT</u> INVOLVING:	YES	NO
805.2	DORSAL (THORACIC) {UPPER BACK} VERTEBRAE		
805.4	LUMBAR {LOWER BACK} VERTEBRAE		
805.8	SACRUM OR COCCYX (TAILBONE) VERTEBRAE		

YOUR ETHNICITY/RACE (PLEASE CHECK ONE)

ASIAN OR INDIAN			
AFRICAN AMERICAN			
HISPANIC			
CAUCASIAN OR MIDDLE EASTERN			
ICD9	PLEASE CHECK "YES" OR "NO" AS YOU ANSWER THE FOLLOWING QUESTIONS:	YES	NO
	ARE YOU AGE 65 OR OLDER?		
	DO YOU DRINK 2 OR MORE ALCOHOL BEVERAGES / DAY?		
	ARE YOU AN ALCOHOLIC?		
	DO YOU HAVE AN EATING DISORDER?		
	DO YOU LIVE A RATHER SEDENTARY LIFESTYLE THAT DOES NOT INCLUDE A DAILY EXERCISE REGIMENT?		
	HAVE YOUR PERIODS CEASED (AMENORRHEA)?		
	ARE YOU CURRENTLY A SMOKER?		
	DO YOU HAVE A PAST HISTORY OF SMOKING?		
	DO YOU CONSUME EXCESSIVE CAFFEINE DAILY?		
	HAS AN ELDERLY RELATIVE EVER BROKEN HIS OR HER HIP, SPINE OR WRIST?		
	IS THERE A FAMILY HISTORY OF OSTEOPOROSIS?		
	HAVE YOU LOST HEIGHT IN YOUR ADULTHOOD?		
252.00	DO YOU HAVE HYPERPARATHYROIDISM?		
242.90	DO YOU HAVE HYPERTHYROIDISM?		
	DO YOU WEIGH LESS THAN 127 POUNDS?		
	DO YOU HAVE LOW DIETARY CALCIUM INTAKE? (DRINK LESS THAN 32 OUNCES OF MILK EACH DAY)		
	HAVE YOU BEEN DIAGNOSED WITH OSTEOPENIA?		



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733.00	HAVE YOU BEEN DIAGNOSED WITH OSTEOPOROSIS?		
	ARE YOU IN POOR HEALTH (FRAIL)?		
	ARE YOU PRONE TO RECURRENT FALLS?		
	DO YOU HAVE KIDNEY PROBLEMS (DYSFUNCTION, FAILURE, ON DIALYSIS OR HAVE HAD A TRANSPLANT)?		
	DO YOU SUFFER FROM DEMENTIA?		
	HAVE YOU HAD A HYSTERECTOMY?		
256.31	DID YOU EXPERIENCE PREMATURE MENOPAUSE?		
256.2	HAVE YOUR OVARIES BEEN REMOVED OR ARE THEY DYSFUNCTIONAL DUE TO IRRADIATION OR ABLATION?		
257.1	ARE YOUR TESTES DYSFUNCTIONAL DUE TO IRRADIATION, ABLATION OR SURGERY?		
627.2 V49.81	HAVE YOU EXPERIENCED MENOPAUSE? (FLUSHING, SLEEPLESSNESS ETC...)		
268.2	DO YOU SUFFER FROM OSTEOMALACIA?		
268.9	DO YOU HAVE A VITAMIN D DEFICIENCY?		
588.0	DO YOU HAVE RENAL OSTEODYSTROPHY?		
733.00 737.41	DO YOU SUFFER FROM KYPHOSIS?		
ICD9	PLEASE CHECK "YES" OR "NO" AS YOU ANSWER THE FOLLOWING QUESTIONS:	YES	NO
E932.0 V58.65	HAVE YOU TAKEN STEROID THERAPY FOR 3 MONTHS OR LONGER (CORTISONE, PREDNISONE ETC...)		
E936.1 V58.69	DO YOU TAKE ANTICONVULSANTS SUCH AS DILANTIN (PHENYTOIN) TO PREVENT SEIZURES?		
V67.51	HAVE YOU EVER BEEN ON CHEMOTHERAPY?		
V67.59	WHICH OF THE FOLLOWING DO YOU TAKE? CIRCLE ANY/ALL THAT APPLY: ACTONEL, FOSAMAX, BONIVA, EVISTA, CALCITONIN (MIACALCIN), FORTEO, CALCIUM OR VITAMIN D SUPPLEMENTS? <i><u>THIS V-CODE IS USED TO MONITOR THE EFFECTS OF TREATMENT FOR OSTEOPOROSIS</u></i>		
E932.2 V58.69	DO YOU TAKE BIRTH CONTROL PILLS?		
E932.2 V07.4	DO YOU TAKE POSTMENOPAUSAL ESTROGEN OR PROGESTERONE HORMONAL REPLACEMENT THERAPY		
E944.4 V58.69	DO YOU TAKE DIURETICS (LASIX, THIAZIDE, ETC...)		
E932.7 V58.69	DO YOU TAKE THYROID OR PARATHYROID MEDICATIONS?		
V58.61	DO YOU CURRENTLY TAKE COUMADIN, LOVENOX, OR ARIXTRA, OR HAVE YOU TAKEN THESE MEDICATIONS IN THE PAST FOR MORE THAN 3 MONTHS?		



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V82.81	USE THIS V-CODE TO <u>SCREEN</u> FOR OSTEOPOROSIS, BUT YOU MUST USE OTHER V-CODES WITH THIS V-CODE. DO NOT USE BY ITSELF.		
V82.89	USE FOR OTHER SPECIFIED CONDITIONS		

ARE YOU PREGNANT? _____

WHAT WAS THE DATE OF YOUR LAST PERIOD? _____

DO YOU HAVE ANY METAL IN YOUR BODY? _____

IF SO, WHERE? _____

HAVE YOU EVER HAD A BONE DENSITY BEFORE _____

WHERE AND WHEN? _____

WHAT WAS THE RESULT? _____