



*Southeast Medical Clinic*  
641 West Willoughby Ave, Suite 201  
Juneau, AK 99801

DEXA Referral Form

Referral Date:

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Patient Name:

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Date of Birth:

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Patient Phone:

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Referring Provider:

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Diagnosis for DEXA:

<input type="checkbox"/>	Hyperparathyroidism	252.00
<input type="checkbox"/>	Hypoestrogenism	256.39
<input type="checkbox"/>	Long-term Steroids	558.65
<input type="checkbox"/>	Loss of Height	781.91
<input type="checkbox"/>	Osteopenia	733.90
<input type="checkbox"/>	Osteoporosis	733.00
<input type="checkbox"/>	Rheumatoid Arthritis	714.00
<input type="checkbox"/>	Other _____	

**\*\*Please fax complete form to 586-8102 and instruct Patients to call 586-8100 for appointment**

**\*\*Please instruct patients to wear pants with no metal fixtures (i.e. jeans) Elastic waist band preferred**