



## BONE MINERAL DENSITY ORDER FORM

Please complete this form to order a bone mineral density screening for the patient indicated. This will allow the Blue Cross Blue Shield of Massachusetts Mobile Screening Team to conduct a bone mineral density screening for the patient. Fax the completed form to **1-617-246-3071**.

### ORDER NOTES

#### Patient information

Patient name:
Date of birth:
Member ID number:
Home address:
Phone number:
Date of fracture*:

*\*As identified via the Blue Cross Blue Shield of Massachusetts medical claim*

#### Provider details

Provider name:
NPI:
Date of order issuance:
Fax number:
Phone number:

#### Orders

The Blue Cross Blue Shield of Massachusetts Mobile Screening Team will provide the patient with a bone mineral density screening. Results will be faxed to the prescribing provider at the fax number indicated in the Provider Details section above.

Provider signature:

\_\_\_\_\_

Date: \_\_\_\_\_

*Please fax to 1-617-246-3071 – The Blue Cross Blue Shield of Massachusetts  
Mobile Screening Program Team.*