



University of Connecticut Health Center
Musculoskeletal Institute - Center for Osteoporosis

Phone: 860 679-2160
 Fax: 860 679-1413, 679-1422

FAX Consultation Request

Date _____

Consult to: _____ MD Consult needed: _____

Consultation for Osteoporosis/Osteopenia or other metabolic bone disorders

Consultation for consideration of Reclast or Boniva Infusions

Patient Name: _____ UConn MRN _____
 Address: _____ Date of Birth: _____
 _____ Phone #s (H) _____
 _____ (C) _____

Diagnosis: Osteoporosis
 fragility fracture(s) Site(s) _____
 vertebroplasty or kyphoplasty Vertebra(e) _____
 Paget's disease
 Hypercalcemia, hyperparathyroidism or other metabolic bone disorder

Please attach copies of the following (if available):

- All recent lab results
- All bone density results including graphs and images
 (or have patient sign release to have the radiology group fax to us)
- Reports of all recent X-rays, bone scans, CAT scans or MRIs

Additional history/comments:

Referring MD name: _____ Phone: _____ Fax: _____

Physician's signature _____ Date: _____