



Drs. Maklansky, Kurzban, Cohen, Zimmer, Hyman, Berson, Maklansky

NEW YORK MEDICAL IMAGING Associates
Tel: 212.535.9770 • Fax: 212.988.1520

165 East 84th Street, New York, NY 10028
www.NYMIassociates.com

Bone Density Worksheet

Name: Date of Birth:

Gender: M F Ethnicity: White Black Hispanic Asian

Height: Weight: Age at Menopause:

Referring Physician Name:

- Have you ever had a bone density study at this office? Yes No
- Did you ever fracture or have surgery on your wrist? Yes No
- Did you ever fracture or have surgery on your hip? Yes No
- Did you ever fracture or have surgery on your spine? Yes No
- Do you have hyperparathyroidism? Yes No
- Do you take thyroid medication? Yes No
- Have you ever taken prednisone or other steroids? Yes No
- Are you on hormone replacement therapy? Yes No
- Do you have a personal history of osteoporosis? Yes No
- Are you being treated for osteoporosis? * Yes No

*If yes, what osteoporosis medication are you taking?

ASSIGNMENT OF BENEFITS AND RELEASE OF INFORMATION

I hereby authorize my insurance benefits to be paid directly to the physician and I am financially responsible for the non-covered services including any deductibles or co-payments I might owe. I also authorize the physician to release any information required to process this claim.

Patient Signature: Date Signed:

Patient/Guardian Signature:

FOR OFFICE USE ONLY

733.00 733.90 V49.81 V67.59 V58.69

Daniel Maklansky, M.D.
Alain D. Hyman, M.D.

Jerold Kurzban, M.D.
Barry D. Berson, M.D.

Burton A. Cohen, M.D.
Joseph J. Maklansky, M.D.

Jerald Zimmer, M.D.
Jolinda Mester, M.D.