Wayne Radiologists, PA
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Patient Name:

Date of Birth:

Are you postmenopausal? _____

Have you ever had a fracture of your spine? _____

Are you currently taking steroids? _____ If so, how long? _____

Have you ever been diagnosed with osteoporosis? _____ If so, what medication are you taking? _____

Have you ever had a bone density test before? _____ If so, where and when? _____