



Derek Haaland, M.D., M.Sc., F.R.C.P.C. & Team  
Associate Clinical Professor, McMaster University  
Assistant Professor, Northern Ontario School of Medicine  
Rheumatologist, Clinical Immunologist & Allergist  
79 Colborne Street East, Orillia, ON L3V 1T6  
Phone: 705-734-3943 Backline: 705-503-5500 Fax: 705-734-0007  
[www.thewatersideclinic.ca](http://www.thewatersideclinic.ca)

### **Osteoporosis/Bone Health Program Referral**

Date of Referral:	
<b>Patient Name:</b>	<b>Referring Physician/NP:</b>
Date of Birth:	Billing Number:
Address:	Address:
Phone Number:	Phone Number:
Cell Number:	Fax Number:
HCN:	Family Physician:
Email:	Email:

☐ **Referral for Osteoporosis/Bone Health Program**

- Bone health review

**Required Testing:**

☐ **Bone Mineral Density completed within the last year**

- If not the baseline BMD, please include all prior in referral for our reference

☐ **Blood panel for female patients**

- Creatinine, alkaline phosphatase, albumin, insured Vitamin D, 1,25-dihydroxyvitamin D, PTH, and calcium

☐ **Blood panel for male patients**

- Creatinine, alkaline phosphatase, albumin, insured Vitamin D, 1,25-dihydroxyvitamin D, PTH, calcium, free and total testosterone
- Celiac testing panel (IgQ [G,A,M], total IgE, CBC, ferritin, antiTTG IgA, antigliadin IgA and IgG)
- HLA typing, DQB1\*02, DQB1\*08 (celiac screening)

☐ **Xray of lateral spine**

- Rule out compression fractures

☐ **Any other relevant testing, by your discretion**

- E.g. x-rays of recent fractures, hospital notes, etc

**Please fax completed referral form, with required investigations and information,  
to 705-734-0007**

**NOTE: REFERRALS WILL NOT BE ACCEPTED WITHOUT REQUIRED INVESTIGATIONS &  
INCOMPLETE FORMS WILL BE RETURNED**