



FAX ORDER TO (603) 537-3046

Phone: (603) 537-1363

All information below is required. ORDER DATE: _____

Patient's Full Name: _____ DOB: _____

Patient Phone: _____

Ordering Provider: _____

Provider Signature: _____

Office Phone: _____ Office Fax: _____

Clinical Indication/DX: **DEXA Body Composition Scan CPT CODE: 76499**

Number of Scans Patient Requests: 1 2 3

Please choose one:

☐ I want to review results with patient

☐ Patient will review results with DMC nutritionist