



FAX ORDER TO (603) 537-3046

Phone: (603) 537-1363

All information below is required.

DATE: _____

Patient's Full Name: _____ DOB: _____

Patient Phone: _____

Ordering Provider: _____

Provider Signature: _____

Office Phone: _____ Office Fax: _____

Order: DEXA Body Composition Scan CPT CODE: 76499

**Ordering provider will review results with patient. If you prefer to have a DMC nutritionist review the results with your patient, please fax separate referral to 603- 845-5882 Attn: DMC Wellness*