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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| BDRLcolor | Bone Diagnostic and Research Laboratory  University of Kentucky Medical Center  800 Rose Street, MN577  Lexington, KY 40536-0298  Phone: 859-323-2670  Fax: 859-323-0232 | | | | | | **PATIENT INFORMATION** | | | | | | | | | | | |
| LAST | | | | | | | FIRST | | | | MI |
| DATE OF BIRTH | | AGE | | SEX | | RACE | PATIENT I.D. # | | | | |
| **REFERRING PHYSICIAN** | | | | | | | **BILLING INFORMATION** | | | | | | | | | | | |
| NAMES(s) | | | | | | | INSTITUTION: | | | | | | | | | | | |
| STREET ADDRESS | | | | | TELEPHONE | | STREET ADDRESS | | | | | | | | TELEPHONE | | | |
| CITY | | | STATE | | | ZIP CODE: | CITY | | | | | | | STATE | | | ZIP CODE | |
| **Report to be sent to:** | | | | | | | | | | | | | | | | | | |
| **CLINICAL HISTORY:** | | | | | | | | | | | | | | | | | | |
| **In dialysis patients: [ ] HD [ ] CAPD [ ] Other D. Dialysis vintage: [ ] Fractures**  **Surgery: [ ] PTX [ ] Renal transplant [ ] Ovariectomy [ ] Other Date:**  **[ ] Diabetes Type: [ ] Smoking [ ] ETOH [ ] Exercise** | | | | | | | | | | | | | | | | | | |
| **BONE MINERAL CONTENT:** | |  | | | | | | | |  | | | | | | | | |
|  | |  | | | | | | | |  | | | | | | | | |
| **BIOCHEMICAL TESTS:** | | | | | | | | | | | | | | | | | | |
|  | | DATE | | | | NORMAL |  | | | | | | | DATE | | | NORMAL | |
| **Calcium i.s.:…………………………….**  **Phosphorus i.s.:……………………….**  **Creatinine i.s.:…………………………**  **Creatinine Clearance:………………..**  **Urinary Calcium/Creatinine:………..**  **Urinary Phosphorus/Creatinine:….**  **Others:** | | | | | | | **25(OH):………………………….**  **1.25(OH):………………….........**  **PTH:……………………………..**  **BSAP:………………………......**  **Osteocalcin:…………………...** | | | | | | | | | | | |
| **MEDICATIONS:** | | | | | | | | | | | | | | | | | | |
| DOSE DURATION  **[ ] Calcium:**  **[ ] Antacids:**  **[ ] Anticonvulsants:** | | | | DOSE DURATION  **[ ] Vitamin D**  **Metabolites:**  **[ ] Bisphosphonate:**  **[ ] Teriparatide:** | | | | | | | | DOSE DURATION  **[ ] Hormones:**  **[ ] Diuretics:**  **[ ] Others:** | | | | | | |
| **REASON FOR BIOPSY:** | | |  | | | | | | | | | | | | | | | |
| **SPECIMEN OR SITE SOURCE:** | | |  | | | | | | | | | | | | | | | |
| **TETRACYCLINE LABELLING OF BONE:** | | | | | | | | | | | | | | | | | | |
| **Drug** | | | **Dose** | | | | | **Days** | | | | | | | | **Date of Biopsy** | | |