

Bone density test

The purpose of the examination is to measure bone density.

The actual examination takes approximately 30 – 45 minutes.

Please inform us before the exam if there is any possibility that you are pregnant. This exam is generally not carried out on pregnant women.

The examination must be postponed, if you have had a contrast or isotope scan within 2 weeks before the examination.

Before examination

You may eat and drink as usual.

Wear clothes that are easy to undress. Clothing with metal (such as zippers or clasps) should be removed before examination.

Please fill out the form on the next page and bring it with you, if:

- you are over the age of 40
- you have never taken any medication for osteoporosis (such as Alendronat, Bonafos, Prolia, Xgeva).

Medication

In the morning of the examination day, do not take the following:

- calcium supplements
- iron supplements
- medicines for osteoporosis.

You may take your other medication as usual.

Examination

During the test, you will be lying down. Bone density is measured with the help of low-dose X-rays.

The test is painless.

Other things to note

Please take your health insurance card (Kela card) or identity card with you.

Your attending physician will inform you of the test results. Please contact the unit responsible for your care if you do not already have a scheduled appointment or a phone consultation with your doctor.

You will not be charged for the examination separately. Cancel the appointment if you cannot come. If you do not cancel, you will be charged a fine.

Questionnaire for patients over the age of 40 before a bone density test

In connection with a bone density test, we will calculate the risk of bone fractures for patients over the age of 40. For this, please answer the following questions. Without the correct information, the results may be distorted and affect the treatment decisions. Information from this form is entered into a program and the form is then destroyed. A printout of the results will be archived together with the images.

Name: _____

Date of birth: _____

My daily alcohol intake is 3 standard drinks or more.

No Yes

Examples of standard drinks: 1 glass of beer (2.85 dl), 1 unit of spirits (3 cl), 1 average glass of wine (12 cl) or one aperitif (6 cl).

One or both of my parents have had a hip fracture/fractures.

No Yes I don't know

I am on / have been on regular (over 3 months) cortisone tablet medication (e.g. Prednisolone).

No Yes I don't know

I have had a bone fracture such as a vertebral collapse or a hip fracture.

No Yes I don't know

If yes, please specify how many fractures. What kind of fractures were they? In what kind of situations did the fractures occur? Where are the fracture sites?

Continues on the next page.

Date of entry: 4.2.2021

Language versions: suomi, svenska, English

Examination: 21194 Luun tiheysmittaus, 1 kohde (NK6PA), ilman lausuntoa; 21195 Luun tiheysmittaus, 1 kohde (NK6RA), lausuttuna; 9007 Luun tiheysmittaus, 2 kohdetta (NK6QA), ilman lausuntoa; 21199 Luun tiheysmittaus, 2 kohdetta (NK6SA), lausuttuna; 20829 Koko kehon koostumuksen mittaus (DEXA), (WX1PA) natiiviröntgen, ilman lausuntoa; 21200 Koko kehon koostumuksen mittaus (DEXA), (WX1RA) natiiviröntgen, lausuttuna
Tunniste: 3427

I have the following illnesses:

- | | | |
|-------------------------------|-----------------------------|-----------------------------------------------|
| Diabetes treated with insulin | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Hyperthyroidism | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Diagnosed malnourishment | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Liver disease | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Kidney disease | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Organ transplantation | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Bowel disease | <input type="checkbox"/> No | <input type="checkbox"/> Yes, please specify: |
-

- | | | |
|------------------------|-----------------------------|-----------------------------------------------|
| Malabsorption syndrome | <input type="checkbox"/> No | <input type="checkbox"/> Yes, please specify: |
|------------------------|-----------------------------|-----------------------------------------------|
-

- | | | |
|-----------------------|-----------------------------|-----------------------------------------------|
| Some skeletal disease | <input type="checkbox"/> No | <input type="checkbox"/> Yes, please specify: |
|-----------------------|-----------------------------|-----------------------------------------------|
-

WOMEN: Early menopause (under the age of 45) No Yes

MEN: Disrupted testosterone production No Yes

I have been diagnosed with rheumatoid arthritis and I take medication for it.

No Yes I don't know

Smoking. (Even one cigarette per day is considered smoking)

No, I don't smoke Yes, I am smoking

Thank you for your answers.

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