


REQUEST FOR DIAGNOSTIC BONE BIOPSY

 BDRL	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																																										
	AGE	SEX	RACE	PATIENT I.D. #																																											
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Report to be sent to: _____																																															
CLINICAL HISTORY:																																															
<p>In dialysis patients: <input type="checkbox"/> HD <input type="checkbox"/> CAPD <input type="checkbox"/> Other D. Dialysis vintage: _____</p> <p>Surgery: <input type="checkbox"/> PTX <input type="checkbox"/> Renal transplant <input type="checkbox"/> Ovariectomy <input type="checkbox"/> Other Date: _____</p> <p style="padding-left: 40px;"><input type="checkbox"/> Diabetes Type: _____ <input type="checkbox"/> Smoking <input type="checkbox"/> ETOH: <input type="checkbox"/> Exercise:</p>																																															
BONE MINERAL CONTENT:																																															
BIOCHEMICAL TESTS:																																															
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