Weill Cornell Imaging
NewYork-Presbyterian Weill Cornell Medicine

T: 212-746-6000 | www.wcinyp.com | F: 646-962-0122
Please bring all completed forms to your appointment

(Office use)

DEXA QUESTIONNAIRE & AUTHORIZATION

DATE: _____

Height:_____ Weight:_____ Ethnicity:_____

PRESENTING SYMPTOMS (Reason for today's examination): _____

_____

Allergies: ☐ Latex ☐ Other _____

Is there any possibility that you are pregnant? Yes ☐ No ☐

You are here for an bone densitometry (DEXA) examination. DEXA uses x-rays to create images of the internal organs/tissues of your body.

Although radiography does use radiation, the doses are very small and DEXA is considered safe. However, if you are or think you may be pregnant, please inform our technologists.

If you require any explanation about your examination or your visit to our practice, please ask any of our staff members or technologists. Your comfort is important to us and we want to address any questions and/or concerns you may have.

I authorize Weill Cornell Imaging at NewYork-Presbyterian, its physicians and other staff to perform the prescribed examination.

_____ _____ ____ /____ /20_____
Print First and Last Name *(Patient, Parent or Guardian)* | Signature | Date

(FOR OFFICE USE ONLY)
Reviewed By Technologist/ Nurse/ MD:

_____ _____ _____ ____ /____ /20_____
Print First and Last Name | Signature | MD/RN/TECH | Date

Reviewed: January 2019