EXAMPLE 1a –
FRACTURE PATIENT INVITE LETTER

Dear «PatientTitle» «PatientSurname»

You have been referred to the osteoporosis clinic because you have sustained a fracture of the *hip / vertebra / wrist.

This indicates that your bones are thin and that you may have osteoporosis.

This puts you at risk of having another fracture.

Further investigations are required and treatment may be indicated to reduce the risk of another fracture.

Please make a routine appointment to be seen in the osteoporosis clinic by calling the above number.

We have enclosed a form to have blood tests done. Please come to the Phlebotomy Dept (level 2, orange wing) with the form to have the tests done at least 2 weeks before your appointment. Phlebotomy is open Mon – Fri 8.30am – 4 pm

If you do not make an appointment we assume you do not want further treatment.

Yours sincerely

Osteoporosis Specialist Nurse
EXAMPLE 1b –
PATIENT INVITE LETTER

7 May 2007

Dear «PatientTitle» «PatientSurname»

An appointment has been made for you on at

Yours sincerely

Osteoporosis Specialist Nurse
Dr EJ SMITH  
THE SURGERY  
ANOTHER ROAD  
CHANDLERS FORD  
EASTLEIGH HAMPSHIRE  
000 000

7 May 2007

Dear Dr SMITH,

Re: Mrs Belinda TEST  
Dob: 27/11/1955 Hospital Ref: 123

Your patient has attended … Hospital following a fracture of the hip. This indicates that the patient probably has osteoporosis and is at risk of further fracture. As the patient is over 75 no DXA scan is required. We would suggest screening for secondary causes of osteoporosis by carrying out FBC, and serum creatinine, liver function tests, calcium, vitamin D, CRP and immunoglobulin electrophoresis (to exclude paraprotein.)

NICE guidelines for the secondary prevention of osteoporotic fragility fracture were published in 2005. These recommend treatment with bisphosphonates for patients over 75 who have sustained a fragility fracture.

We would recommend starting risedronate 35mg weekly (or alendronate 70mg weekly) providing there are no contraindications to bisphosphonates (eg dysphagia, history of oesophageal ulcer, severe renal impairment, patient unable to comply with bisphosphate instructions) plus calcium and vitamin D supplements (eg Calcichew D3 forte 1 bd.)

If bisphosphonates are contra-indicated or poorly tolerated we would suggest prescribing strontium ranelate 2g nocte, again with calcium supplements.

We have written to the patient suggesting that they make an appointment to discuss this with you

If there are any problems with this, or you would prefer the patient to be seen in the osteoporosis clinic please do not hesitate to contact us.

Yours sincerely,

Consultant Rheumatologist

CC: Mrs Belinda TEST
Ref: NHS Ref: «PatientNHSRef»

«GPTitle» «GPInitial» «GPSurname» «GPAddress1»
«GPAddress2»
«GPAddress3»
«GPAddress4»
«GPPostcode»

Dear «GPTitle» «GPSurname»,

Re: «PatientTitle» «PatientFirstname» «PatientSurname»
«PatientDoB» «PatientGender»
Hospital Ref: «PatientHospitalRef»

Your patient has been invited to attend the Osteoporosis Service for an assessment on

........................................

I will be writing to inform you of his progress.

Yours sincerely

Day Services Manager
Ref: NHS Ref: «PatientNHSRef»

«GPTitle» «GPinital» «GPSurname» «GPAddress1»
«GPAddress2»
«GPAddress3»
«GPAddress4»
«GPPostcode»

Dear «GPTitle» «GPSurname»,

Re: «PatientTitle» «PatientFirstname» «PatientSurname»
«PatientDoB» «PatientGender»
Hospital Ref: «PatientHospitalRef»

Your patient has been invited to attend the Osteoporosis Service for an assessment, but has refused this invitation.

We will not be offering a further appointment unless you specifically request this.

Yours sincerely

Day Services Manager
Ref: NHS Ref: «PatientNHSRef»

Dear «GPTitle» «GPSurname»,

Re: «PatientTitle» «PatientFirstname» «PatientSurname»
    «PatientDoB» «PatientGender»
    Hospital Ref: «PatientHospitalRef»

Your patient who was referred to the Osteoporosis Clinic did not attend the appointment on
…………………………………………..

A new appointment will not be made but I will accept another referral if it is considered appropriate.

Yours sincerely

Osteoporosis Specialist Nurse
EXAMPLE 3

GP/HEALTH PROFESSIONAL INAPPROPRIATE REFERRAL LETTER

Ref: NHS Ref: «PatientNHSRef»

«GPor health professional Title» «GPInitial» «GPSurname»
« GPor health professional Address1»
« GPor health professional Address2»
« GPor health professional Address3»
« GPor health professional Address4»
« GPor health professional Postcode»

Dear « GPor health professional Title» «Surname»,

Re: «PatientTitle» «PatientFirstname» «PatientSurname»
«PatientDoB» «PatientGender»
Hospital Ref: «PatientHospitalRef»

Thank you for referring your patient to the Osteoporosis Service. On reviewing their details we have decided that this referral is inappropriate for the service that we provide.

It is felt that the patient would be better seen by …………………………………………………

Yours sincerely

Day Services Manager
# Bone Densitometry Request (DEXA)

**EXAMPLE 4 DEXA REQUEST**

**ANY Hospitals**

**NHS Trust**

**PARK HOSPITAL**

**MEDICAL PHYSICS DEPARTMENT**

**BONE DENSITOMETRY REQUEST (DEXA)**

<table>
<thead>
<tr>
<th>Consultant/GP</th>
<th>GP ADDRESS (If GP Referral)</th>
</tr>
</thead>
<tbody>
<tr>
<td>«GPTitle» «GPInitial» «GPSurname»</td>
<td>«GPAddress1» «GPAddress2» «GPAddress3» «GPAddress4» «GPPostcode»</td>
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<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Hospital Number</th>
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<tbody>
<tr>
<td>«PatientDoB»</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Title</th>
<th>Surname</th>
<th>First Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>«PatientTitle» «PatientSurname»</td>
<td>«PatientFirstName»</td>
<td></td>
</tr>
</tbody>
</table>

| Address: | |
| «PatientAddress1» «PatientAddress2» «PatientAddress3» «PatientAddress4» «PatientPostcode» |

| Tel: | «PatientPhone» |
|      |               |

<table>
<thead>
<tr>
<th>clinic information</th>
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</table>

**Investigation Required**

**DEXA**

P.C.G. Name: ANONYMOUS

<table>
<thead>
<tr>
<th>Doctor’s Signature</th>
<th>Date of Referral</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Ward/Dept NHS/PP</td>
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<table>
<thead>
<tr>
<th>Clinical Information</th>
<th>Date of Next Clinic Appointment</th>
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</thead>
</table>

- Please tick relevant boxes

<table>
<thead>
<tr>
<th>Repeat Bone Density Scan</th>
<th>Corticosteroid Therapy</th>
<th>Immobility</th>
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</thead>
<tbody>
<tr>
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<td></td>
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<table>
<thead>
<tr>
<th>Family History of Osteoporosis</th>
<th>History of smoking</th>
<th>Immobility</th>
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</thead>
<tbody>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Fracture History</th>
<th>History of smoking</th>
<th>Immobility</th>
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</table>

<table>
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<th>Radiographic Evidence</th>
<th>History of smoking</th>
<th>Immobility</th>
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<table>
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<tr>
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<th>Vegetarian Diet</th>
<th>Immobility</th>
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<table>
<thead>
<tr>
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<th>Anorexia Nervosa</th>
<th>Immobility</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Early Menopause</th>
<th>Competitive Sport Training</th>
<th>Immobility</th>
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</table>

<table>
<thead>
<tr>
<th>Hysterectomy</th>
<th>Primary Hypogonadism</th>
<th>Immobility</th>
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<table>
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<th>Endocrine Condition</th>
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</table>

**Additional Clinical Information**

**Peripheral Scan T-Score:**

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<thead>
<tr>
<th>Medical Physics Use Only</th>
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<tbody>
<tr>
<td>Test justified/authorised by:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ht</th>
<th>Wt</th>
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</table>

**Appointment Time**

<table>
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<th>Appointment Time</th>
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<tbody>
<tr>
<td></td>
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</table>
Ref: NHS Ref: «PatientNHSRef»

«GPTitle» «GPInitial» «GPSurname» «GPCode»
«GPAddress1»
«GPAddress2»
«GPAddress3»
«GPAddress4»
«GPPostcode»
«GPPhone»

Dear «GPTitle» «GPInitial» «GPSurname»,

Re: «PatientTitle» «PatientFirstname» «PatientSurname»
«PatientDoB» «PatientGender»
Hospital Ref: «PatientHospitalRef»

Your patient who has currently been attending the Osteoporosis Clinic and will be discharged on ………………………………………………………………………

A follow up has/has not been arranged.

Kind regards.

Yours sincerely

Day Services Manager
EXAMPLE 6
GP RESULTS LETTER showing suggested content for use in an Osteoporosis clinic.
Please add to/delete/edit the suggestions to your own requirements, you may have as many choices in each section as you wish. The sentences will appear in drop down boxes from which you choose those relevant to each patient.

Osteoporosis
113A Winchester Road
Chandlers Ford
Eastleigh
Hampshire
SO53 2GH
Phone not available.

7 May 2007

Ref: NHS Ref: 123

Dr EJ BOVETT G0232126
THE BROWNHILL SURGERY
2 BROWNHILL ROAD
CHANDLERS FORD
EASTLEIGH HAMPSHIRE
SO53 2ZB

Dear Dr EJ BOVETT,

Re: Mrs Belinda TEST DOB 27/11/1955
113 Winchester Road, Chandlers Ford, Eastleigh, -, SO51 1GY
Hospital Ref: 123

Opening para Example 1: Thank you for referring this patient to the osteoporosis service, the results of their assessment and our recommendation are outlined below.

Opening para Example 2: This patient has been assessed in the osteoporosis clinic the, results of their assessment together with my recommendations for their management are outlined below.

Opening para Example 3: Thank you for referring this patient to the osteoporosis clinic
Please contact me if you have any further concerns about this patient.

BMD Scores

<table>
<thead>
<tr>
<th>Date</th>
<th>Site</th>
<th>Score</th>
<th>T Score</th>
<th>Z Score</th>
<th>Machine</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/03/2006</td>
<td>Wrist</td>
<td>8</td>
<td>-2.5</td>
<td>-2.5</td>
<td>PIXI</td>
</tr>
</tbody>
</table>

Interpretation:
This patient's BMD at the spine is normal
This patient's BMD at the spine is Osteopaenic
This patient's BMD at the spine is Osteoporotic
This patient's BMD at the spine is severely Osteoporotic
This patient's BMD at the hip is normal
This patient's BMD at the hip is Osteopaenic
This patient's BMD at the hip is Osteoporotic
This patient's BMD at the hip is severely Osteoporotic
The result indicated that this patient is at increased fracture risk
The result indicated that this patient is at increased falls risk.
Vertebral morphometry suggest a fracture of the vertebra.
Vertebral morphometry suggest multiple fractures of the vertebra.

Risk Factors /Issues Identified:
Post surgical menopause
Early Menopause
Steroid Usage
Height Loss
Low Trauma Fracture
Low Body Mass Index
Frequent faller
Recurrent back pain
Maternal history of hip fracture
Celiac disease
Rheumatoid arthritis

Recommendation:

Please consider a bisphosphonate for treating this patient
Please consider a bisphosphonate with calcium and vitamin D for treating this patient
Please consider alendronate 70mgs weekly for treating this patient
I have commenced this patient on alendronate 70mgs weekly
I have commenced this patient on calcium and vitamin D tablets daily
This patient has been referred to the falls services
This patient has been referred to the physiotherapist
I have referred this patient for a BMD measurement
I have referred this patient to the home hazard team.
I have referred this patient to The Stop Smoking Clinic

Closing para Example 1: Please contact me if you need any further help managing this patient.
Closing para Example 2: If you have any problems with the management of this patient, please don't hesitate to contact me.

Comments example:
This where you can add free text

Yours sincerely

Consultant Rheumatologist

CC: Mrs Belinda TEST