






Nuclear Medicine Bone Density Scan:

Name: _____ Date of Bone Density: _____ Check In Time: _____

Please follow these directions carefully.

Within 7 Days of Bone Density	Day of Bone Density
<p> No oral contrast or Nuclear Medicine tests within seven (7) days of your bone density appointment. These tests will interfere with the bone density measurement</p> <p> Take all medications as prescribed by your physician</p>	<p> Wear loose comfortable clothing free from metal objects</p> <p> Eat and drink unless you have another test that has dietary</p> <p> Female patients, who might be pregnant, e.g. last menstrual cycle greater than 28 days, will require a pregnancy test</p>