

Our Family Health Center
211 Baker Street
Monroe, Ga. 30655

Phone: 770-464-0280

Bone Density Report

Name:	Jane Doe	Sex:	Female	Age:	65
Patient ID:		Ethnicity:	Black	Height:	64.0 in
Referring Provider:	Dr. Plaster	Date of Birth:	04/07/1958	Weight:	201.0 lb

Indication: postmenopausal; screening for osteoporosis;

Accession number:

Bone Density: Exam date 02/06/2024

Region	BMD (g/cm ²)	T-score	Z-score	Classification
Femoral Neck(Left)	0.756	-1.4	-0.1	Osteopenia
Total Hip(Left)	0.989	-0.3	0.7	Normal

World Health Organization criteria for BMD impression classify patients as Normal (T-score at or above -1.0), Osteopenia (T-score between -1.0 and -2.5), or Osteoporosis (T-score at or below -2.5).



10-year Fracture Risk¹:

Major Osteoporotic Fracture	3.2%
Hip Fracture	0.2%

Reported Risk Factors:

US (Black), Neck BMD=0.756, BMI=34.5

¹ FRAX® Version 3.08. Fracture probability calculated for an untreated patient. Fracture probability may be lower if the patient has received treatment.

Impression: The patient has low bone mass, based on the Left Femoral Neck T-score. The patient has an estimated ten-year risk of hip fracture of 0.2% and an estimated ten-year risk of major fracture of 3.2%, based on the WHO FRAX algorithm.

Discussion: BONE DENSITY IS LOW AT ONE OR MORE SKELETAL SITES.

This patient's lowest T-score is low at one or more skeletal sites. It meets the World Health Organization's (WHO) criteria for "low bone mass" (T-score between -1.0 and -2.5).

The patient's 10-year risk of fracture as calculated by FRAX is less than the threshold where pharmacological therapy is recommended by the National Osteoporosis Foundation (NOF). However, all treatment decisions require clinical judgment and consideration of individual patient factors, including patient preferences, comorbidities, previous drug use, risk factors not captured in the FRAX model (e.g., frailty, falls, vitamin D deficiency, increased bone turnover, interval significant decline in bone density) and

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possible under or overestimation of fracture risk by FRAX. The patient should follow a healthful lifestyle (good nutrition with adequate calcium and vitamin D, and appropriate weight-bearing exercise).

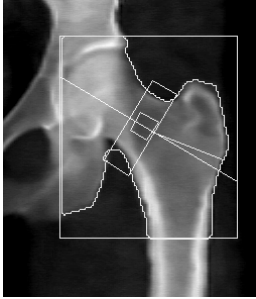
Follow-Up: Consider repeating this study in 2 to 3 years to reassess this patient's status, or sooner if there is some new clinical indication.

Reported by: Our Family Health on 03/22/2024 2:02:00 PM.

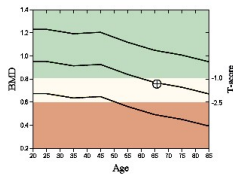
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Name: Jane Doe	Sex: Female	Height: 64.0 in
Patient ID:	Ethnicity: Black	Weight: 201.0 lb
Age: 65	Date of Birth: 04/07/1958	Menopause Age: 42



Scan Date: February 06, 2024
Scan ID: A02062407



Scan Type: a Left Hip

Results:

	BMD (g/cm ²)	T-score	PR (%)	Z-score	AM (%)
Left Hip (Neck)	0.756	-1.4	80	-0.1	99
Left Hip (Total)	0.989	-0.3	96	0.7	113

Total BMD CV 1%

Summary:

	Classification
Left Hip BMD (Neck)	Osteopenia
Left Hip BMD (Total)	Normal

A spine fracture indicates 5X risk for subsequent spine fracture and 2X risk for subsequent hip fracture.

World Health Organization criteria for BMD impression classify patients as Normal (T-score at or above -1.0), Osteopenia (T-score between -1.0 and -2.5), or Osteoporosis (T-score at or below -2.5).

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Bone Density Report

Name:	Jane Doe	Sex:	Female	Age:	65
Patient ID:		Ethnicity:	Black	Height:	64.0 in
Referring Provider:	Dr. Plaster	Date of Birth:	04/07/1958	Weight:	198.0 lb

Indication: postmenopausal; screening for osteoporosis;

Accession number:

Bone Density: Exam date 01/04/2024

Region	BMD (g/cm ²)	T-score	Z-score	Classification
Total Forearm(Left)	0.584	0.1	1.7	
1/3 Forearm(Left)	0.727	0.6	2.3	
UD Forearm(Left)	0.415	-0.5	0.7	

World Health Organization criteria for BMD impression classify patients as Normal (T-score at or above -1.0), Osteopenia (T-score between -1.0 and -2.5), or Osteoporosis (T-score at or below -2.5).

Impression:

Discussion: LOW RISK OF FRACTURE; BONE DENSITY IS WELL ABOVE THE MINIMUM DESIRABLE LEVEL AND ABOVE AVERAGE FOR AGE AND SEX AT ALL SKELETAL SITES TESTED. This person's bone density is above expected limits for age and sex. This is rarely clinically significant, but should be pursued if there are significant musculoskeletal complaints. The patient should follow a healthful lifestyle (good nutrition with adequate calcium and vitamin D, and appropriate weight-bearing exercise).

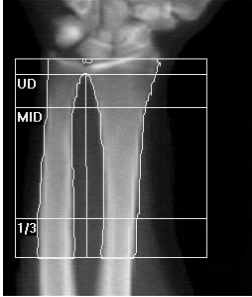
Follow-Up: Consider repeating this study in 5 years or sooner if there is some new clinical indication.

Reported by: Our Family Health on 03/22/2024 2:00:00 PM.

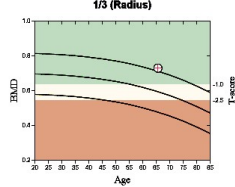
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Name: Jane Doe	Sex: Female	Height: 64.0 in
Patient ID:	Ethnicity: Black	Weight: 198.0 lb
Age: 65	Date of Birth: 04/07/1958	Menopause Age: 42



Scan Date: January 04, 2024
Scan ID: A01042408



Scan Type: a L.Forearm

Results:

	BMD (g/cm ²)	T-score	PR (%)	Z-score	AM (%)
Left Forearm (1/3)	0.727	0.6	105	2.3	123
Left Forearm (Total)	0.584	0.1	101	1.7	119
Total BMD CV 1%					

Summary:

<u>Classification</u>
Left Forearm BMD (1/3)
Left Forearm BMD (Total)

A spine fracture indicates 5X risk for subsequent spine fracture and 2X risk for subsequent hip fracture.

World Health Organization criteria for BMD impression classify patients as Normal (T-score at or above -1.0), Osteopenia (T-score between -1.0 and -2.5), or Osteoporosis (T-score at or below -2.5).

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