



CONSENT FORM

The REMS (Radiofrequency Echographic Multi-Spectrometry) bone scan is a cutting-edge diagnostic test used to assess bone health by measuring Bone Density and Fragility Index. This advanced technology is non-invasive and radiation-free, utilizing ultrasound waves to analyze bone strength and identify conditions like osteopenia and osteoporosis. Unlike traditional bone density tests (e.g. DXA and CT scans), the REMS scan uses no ionizing radiation, making it safe for repeated use.

The report generated by the REMS bone scan is produced using FDA- and Health Canada-approved software applications. No additional interpretation or medical analysis will be provided by ABHS. Patients are advised to consult their healthcare providers for a thorough review and treatment based on the test results.

ABHS's REMS bone scan is recommended for following reasons:

Diagnosing Osteopenia and Osteoporosis: These conditions characterized by decreased bone density and increased risk of fractures. Osteopenia represents an early stage of bone loss that may progress to osteoporosis if left untreated. Our scan provides precise measurements of bone mineral density, enabling early detection of osteopenia so preventive measures can be implemented. For osteoporosis, the test helps confirm the diagnosis and assess the severity of bone loss, facilitating the development of an appropriate treatment plan to reduce fracture risk and improve overall bone health.

Determining Fragility Index: This index assesses bone quality and structural strength beyond standard bone density measurements. It evaluates the likelihood of bone fractures under minimal trauma, offering a more comprehensive understanding of bone health. This information is crucial for predicting future fracture risks, particularly in individuals with osteopenia or osteoporosis. By identifying patients at high risk of fractures, healthcare providers can implement tailored interventions, such as lifestyle modifications, dietary changes, or medical treatments, to strengthen bones and prevent fractures effectively.

Screening: It helps detect early signs of osteoporosis or low bone density, particularly in individuals at higher risk, such as postmenopausal women, cortisone treatment, older adults, or those with a family history of osteoporosis. Early detection is crucial for taking preventive steps to maintain bone health.

Monitoring: For patients already diagnosed with osteoporosis or undergoing treatment, this test offers a way to monitor changes in bone density over time, ensuring that the chosen treatment plan is effective.

I, the undersigned, confirm that, I have read and understood the information provided about the REMS bone scan. I have had the opportunity to ask questions and have received satisfactory answers to my concerns and I voluntarily give my consent to undergo the REMS bone scan. I hereby completely release ABHS, its staff and management from any and all present and/or future liability and responsibility relating to the performance, administration of and images viewed during this ultrasound session.

Name (print):..... Signature: Date:...../...../.....

Date of Birth:...../...../..... Weight: Height:.....



ABHS Patient Information & Bone Health Assessment Form

Patient Information

Full Name	
Date of Birth	___ / ___ / ____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Contact Number	
Email Address	
Address	
Emergency Contact Name	
Emergency Contact Phone	

Medical History

Family history of osteoporosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Diagnosed with osteoporosis/osteopenia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Previous bone density test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Previous fractures from minimal trauma?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical conditions (check all that apply)	<input type="checkbox"/> Rheumatoid arthritis <input type="checkbox"/> Thyroid disorder <input type="checkbox"/> Parathyroid disorder <input type="checkbox"/> Diabetes <input type="checkbox"/> Kidney disease <input type="checkbox"/> GI conditions <input type="checkbox"/> Other: _____
Medications affecting bone health?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Lifestyle Factors

Do you smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Quit
Alcohol consumption?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exercise frequency?	<input type="checkbox"/> Daily <input type="checkbox"/> Few times/week <input type="checkbox"/> Rarely <input type="checkbox"/> Never
Calcium intake (daily servings)?	<input type="checkbox"/> 0-1 <input type="checkbox"/> 2-3 <input type="checkbox"/> 4+
Take calcium/vitamin D supplements?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Symptoms & Concerns

Height loss >1 inch?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Back pain or posture changes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Balance issues or frequent falls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other bone health concerns?	

Consent & Signature:

I confirm that the above information is accurate. I consent to the osteoporosis screening test using Echolight technology.

Signature: _____ Date: ___ / ___ / ____