

## INFORMED CONSENT FOR CARRYING OUT THE BONE DENSITOMETRY EXAM (BMD).

### INFORMATION SUMMARY

Date \_\_\_\_\_

### DEFINITION

Bone densitometry, also called with the acronym BMD which means "**Bone Mineral Density**", is an **examination that is used to evaluate the amount of calcium present in the bones**. The examination is used to establish its concentration, through the use of **rays X with very low emission**. The parameter thus obtained indicates whether the bones are healthy or if they are at risk of spontaneous fractures if any pathology is present. It is a test that is performed in all age groups, both in adults and in the elderly, especially in postmenopausal women.

Bone densitometry can be performed on different bone segments, each of which can be used for a particular diagnostic workup.

Since it is an examination that exposes to ionizing radiation, its use must be avoided in the absence of a specific clinical indication. **Furthermore, women of childbearing age must exclude ongoing pregnancies.**

### EXECUTION

The exam is neither painful nor unpleasant. The patient is positioned on the X-ray equipment according to the positions and decubitus required for the study of the district in question. The exam has a variable duration, between 5 and 10 minutes depending on the scan to be performed and, once completed, the patient can go back to carrying out his daily activities without any limitation.

### POSSIBLE COMPLICATIONS

There are no specific complications related to the execution of the exam.

### NECESSARY PREPARATION - RECOMMENDATIONS

Bone densitometry is a simple and quick examination that does not require any preparation before it is performed. A particular diet is therefore not required in the days preceding the exam, nor is a particular procedure required to be performed before the exam itself. Despite the use of low doses of radiation, the examination during pregnancy is not recommended, especially in the first trimester.

**Therefore, it is advisable not to perform the examination if it is not possible to safely exclude a state of pregnancy (in this sense, a written informed consent is signed).** You don't need to be fasting.

Having acknowledged the information provided in the consent form, the patient can ask the healthcare staff in charge for further explanations.

### EXPRESSION AND ACQUISITION OF INFORMED CONSENT / DISSENT TO THE EXECUTION OF THE BMD EXAMINATION

The patient

<b>LAST AND FIRST NAME</b>	
<b>Place of birth</b>	
<b>Date of birth</b>	

OR: For the patient indicated above, the undersigned

LAST NAME			
FIRST NAME			
Place of birth	Prov.		
Date of birth		Fisc. Code	

As:

parent     caregiver     legal guardian     (other) \_\_\_\_\_

**Informed:**

on the type of diagnostic investigation to be performed and precisely BMD.

**Made aware:**

of the opinion of the healthcare professional that the proposed treatment is the one that offers the best risk / benefit ratio on the basis of current knowledge;  
of the possibility that the investigation, once started, can be interrupted at my request, without prejudice to the assistance activity, but without obtaining the information sought with this examination;  
the relative risks of any damage to health (temporary and permanent) and to life.

Having read the information relating to the investigation / procedure in question

Having evaluated the information received and the clarifications that have been provided to me, having understood what is briefly reported above:

I accept the proposed investigation                       I DO NOT accept the proposed investigation

Radiologist \_\_\_\_\_

**DECLARATION OF CERTAIN OR PRESUMED PREGNANCY**

YES

NO

Patient's signature \_\_\_\_\_

## **CAN I CHANGE MY DECISION REGARDING THE PERFORMANCE OF THE EXAM?**

You are absolutely not obliged to carry out the examination; alternatively, the doctor will use other procedures that are currently available for which his consent will still be required.

All information collected, and in particular personal information, are protected by Legislative Decree 196/2003 concerning the "Protection of persons and other subjects regarding the processing of personal data".

Thank you for your attention in reading these notes. Please date and sign this form for acknowledgement.

**Date** \_\_\_\_\_ **Patient's signature** \_\_\_\_\_