**Discharge Letter**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear patient,

You were referred to our Endocrinology Clinic for assessment of your **osteoporosis.** At this time, you no longer need follow-up at our clinic.

This letter includes your care instructions and test results. Please follow up with your primary care provider. They will also receive a report with this information.

**Care instructions**

* Continue lifestyle changes to reduce bone loss (weight bearing, balance and resistance exercises, quit smoking, limit alcohol intake to no more than 2 drinks per week)
* Make sure you continue to get enough calcium through diet and supplements: 1000 to 1200 mg per day
* Continue taking your current dose of Vitamin D: \_\_\_\_\_ IU/day
* Let your family doctor know about any changes to your health, medications or if you have a new fracture
* Let your family doctor know if you are falling more often or having trouble with your balance
* Please remind your family doctor to repeat a bone density test in 5 to 10 years to reassess

**Osteoporosis assessment:**

You have a **low** risk of getting fragility fractures in the future based on your bone density results, risk factors and fracture history.

Your risk of getting a fragility fracture in the next 10 tears is: \_\_\_\_\_\_ % (based on the FRAX calculation).

**Imaging results**

-Your most recent bone mineral density (BMD) results are the following:

|  |  |  |  |
| --- | --- | --- | --- |
| Date | L-spine T-score | Femoral Neck T-score | Total Hip T-Score |
|  |  |  |  |

**Discharge Letter**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear patient,

You were referred to our Endocrinology Clinic for assessment of your **osteoporosis.** At this time, you no longer need follow-up at our clinic.

This letter includes your care instructions and test results. Please follow up with your primary care provider. They will also receive a report with this information.

**Care instructions**

* You should continue long-term osteoporosis therapy under the care of your family doctor.
  + Name, dose, and frequency [last dose]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Continue lifestyle changes to reduce bone loss (weight bearing, balance and resistance exercises, quit smoking, limit alcohol intake to no more than 2 drinks per week)
* Make sure you continue to get enough calcium through diet and supplements: 1000 to 1200 mg per day
* Continue taking your current dose of Vitamin D: \_\_\_\_\_ IU/day
* Let your family doctor know about any changes to your health, medications or if you have a new fracture
* Let your family doctor know if you are falling more often or having trouble with your balance
* Make sure your dentist knows you are on this medication
* Contact your family doctor if you develop new thigh, groin, or buttock pain
* [\_ ] If you are taking Denosumab (Prolia), do not stop, skip or delay your medication dose. This could increase your risk of breaking a bone
* Please remind your family doctor to repeat a bone density in 3 years

**Osteoporosis assessment**

You have a **high** risk of getting a fragility fracture in the future based on your bone density results, risk factors and fracture history.

Your risk of getting a fragility fracture in the next 10 tears is: \_\_\_\_\_\_ % (based on the FRAX calculation).

**Imaging results**

Your most recent bone mineral density (BMD) results are the following:

|  |  |  |  |
| --- | --- | --- | --- |
| Date | L-spine T-score | Femoral Neck T-score | Total Hip T-Score |
|  |  |  |  |

**Discharge Letter**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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This letter includes your care instructions and test results. Please follow up with your primary care provider. They will also receive a report with this information.

**Care instructions**

* You should continue long-term osteoporosis therapy under the care of your family doctor.
  + Name, dose, and frequency [last dose]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Continue lifestyle changes to reduce bone loss (weight bearing, balance and resistance exercises, quit smoking, limit alcohol intake to no more than 2 drinks per week)
* Make sure you continue to get enough calcium through diet and supplements: 1000 to 1200 mg per day
* Continue taking your current dose of Vitamin D: \_\_\_\_\_ IU/day
* Let your family doctor know about any changes to your health, medications or if you have a new fracture
* Let your family doctor know if you are falling more often or having trouble with your balance
* Please remind your family doctor to repeat a bone density in 3 years

**Osteoporosis assessment**

You have been stable during your drug holiday for the past \_\_ years based on your bone density results, risk factors and fracture history. You can therefore remain off your prescription osteoporosis medication (\*\* insert name of medication), unless your family doctor advises otherwise.

**Medication history**

Drug name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Duration of therapy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date medication stopped (mm/yy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Imaging results**

Your most recent bone mineral density (BMD) results are the following:

|  |  |  |  |
| --- | --- | --- | --- |
| Date | L-spine T-score | Femoral Neck T-score | Total Hip T-Score |
|  |  |  |  |

**Discharge Letter**

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This letter includes your care instructions and test results. Please follow up with your primary care provider. They will also receive a report with this information.

**Care Instructions**

* You should continue long-term osteoporosis therapy under the care of your family doctor.
  + Name, dose, and frequency [last dose]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Continue lifestyle changes to reduce bone loss (weight bearing, balance and resistance exercises, quit smoking, limit alcohol intake to no more than 2 drinks per week)
* Make sure you continue to get enough calcium through diet and supplements: 1000 to 1200 mg per day
* Continue taking your current dose of Vitamin D: \_\_\_\_\_ IU/day
* Let your family doctor know about any changes to your health, medications or if you have a new fracture
* Let your family doctor know if you are falling more often or having trouble with your balance

**Osteoporosis Assessment**

You have a **moderate to high risk** of getting fragility fractures in the future, based on your bone density results, risk factors and fracture history.

We recommend you consider medication to treat your osteoporosis: \_\_\_\_\_\_\_\_

You have told us that you do not want to take medication for your bone health at this time. We would recommend seeing your family doctor to repeat your bone density and fracture risk assessment in 3 years.

**Imaging results**

Your most recent bone mineral density (BMD) results are the following:

|  |  |  |  |
| --- | --- | --- | --- |
| Date | L-spine T-score | Femoral Neck T-score | Total Hip T-Score |
|  |  |  |  |