

## Clinic Template

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1. Does the patient have IBD? YES or NO

***If patient has IBD complete the next questions, otherwise delete the text below.***

2. If IBD, is it Crohn's or is it UC? ---

3. Does the patient meet criteria for DEXA scan ?

- Age criteria? YES or NO
- Steroids? YES or NO
- Fracture? YES or NO

4. Is there a DEXA scan done in past 2 years? YES or NO

5. If meets criteria and no DEXA in system, please order test if appropriate