

**Bone Densitometry** 

Name:	
Patient ID number:	
Your Bone Densitometry is on:	
Date	Time
<ul> <li>Please bring: <ul> <li>your health card with you</li> <li>a list of your current medications</li> <li>medications that you will need to the medications that you will need to the provided if needed.</li> </ul> </li> <li>Where to go: <ul> <li>Juravinski Hospital</li> <li>Diagnostic Imaging and Nuclear Medicine Entrance A</li> <li>Level 1 – Section B</li> </ul> </li> <li>When you enter the main entrance of the hospital, turn right and follow the signs to Diagnostic Imaging. Please register at the reception desk in Nuclear Medicine.</li> </ul>	
711 Concession Street Hamilton ON L8V 1C3	1200 Main Street West Hamilton ON L8N 3Z5

To change your appointment, please call 905-527-4322, Ext. 41484.