

# Osteoporosis Screening Consent Form

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

Patient Name: \_\_\_\_\_

Patient ID: \_\_\_\_\_

## Introduction

Osteoporosis is a condition that weakens bones, increasing the risk of fractures. This screening is designed to assess your bone health.

## Purpose of the Screening

The purpose of this screening is to measure your bone density and assess your risk for osteoporosis.

## Procedures

The screening will involve a painless test that uses low-dose X-rays to measure bone density.

## Risks

While the procedure is safe, potential risks include minimal radiation exposure. Please discuss any concerns with your physician.

## Consent

By signing below, I consent to the osteoporosis screening and understand the purpose and procedures involved.

Signature: \_\_\_\_\_

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

## Contact Information

If you have any questions, please contact our office at: (123) 456-7890