

ARTHRITIS & SPORTS

Orthopaedics • Physical Therapy • Wellness

TOTAL BODY COMPOSITION REGISTRATION

Name: Last	First	MI	Marital Status		
Home Address	City	State	Zip	DOB	Sex
Home Phone	Mobile Phone	Email Address			

Height: _____ Weight: _____ Referred by: _____

The following boxes must be checked to receive the DEXA Total Body Composition:

- I understand that I will receive a small amount of ionizing radiation
- I am under the 350-pound table weight limit
- I am not currently pregnant
- I am over 18 years of age

I understand that my insurance will not cover this procedure and agree to pay the following rates:

\$104 First Scan

\$87 Additional scans

Signature: _____ Date: _____