|  |  |  |  |
| --- | --- | --- | --- |
|  | |  | |
| MRN Number: | «MRN» |  | |
| Your NHS Number: |  | FLS name | |
|  |  | Address line 1 | |
|  |  | Address line 2 | |
|  | | Address line 3 | |
|  | |  | |
|  | | Postcode | |
| **Private & Confidential** | |  | |
| Dr. «GPName» | | Tel dd: | - |
| «GPAddress» | | Opening Times: | - |
| Fax: | - |
| Email: | - |
| Website: | - |
|  | |
| «DateOfAssessment» | |

Dear Dr «GPName»,

**Re: «FirstName» «LastName» DOB: «DOB»**

**«Address1», «Address2», «Address3», «Address4», «Address5», «Postcode»**

Your patient was assessed by the Fracture Prevention Service at «insert hospital name» following a low trauma fracture of their «Fracture1» «choose one snomed code: Osteoporosis (SCTID: 64859006)/fragility fracture (SCTID: 306171000000106)/ osteoporotic fracture (SCTID: 46675001)», putting them at increased risk of another fracture.

**Treatment recommendations**

Agreed with the patient and prescribed. We would appreciate if you could add this to their repeat prescriptions.

1. Osteoporosis treatment:«OsteoporosisTreatment» treatment for «TreatmentDuration»

2. Calcium recommendations: «insert advice»

3. Vitamin D recommendations: «insert advice»

4. Lifestyle advice: «insert advice to including as necessary smoking cessation, alcohol reduction, diet and exercise (including falls prevention)»

5. Other recommendations: «insert advice as necessary»

If your patient is unable to take or tolerate the medication, please switch to «local input».

We have provided the patient with verbal and written information on the medication, detailing the benefits and side effects.

**Follow up**

I have not arranged to see «Prefix» «LastName» again. We recommend a repeat DXA scan in «X» years, which we would be grateful if you would arrange.

Your patient will be contacted in 3 months to discuss treatment and adverse effects. If there are significant changes in the patient’s circumstances, we would be grateful if we could be notified.

**Osteoporosis risk factors**

* Fractured «Fracture1» in «YearOfFracture»
* Fractured «Fracture2» in «YearOfFracture2»
* Fractured «Fracture3» in «YearOfFracture3»
* Family history of osteoporosis: «FamilyHistoryOfOsteporosis», «LocationOfFamilyFracture»

**Other factors**

* E.g. «IBD», recent indigestion,

**Previous bone protection therapy**

* «PreviousOsteoTreatment1», «Duration1»
* «PreviousOsteoTreatment2», «Duration2»
* «PreviousOsteoTreatment3», «Duration3»
* «PreviousOsteoTreatment4», «Duration4»
* «PreviousOsteoTreatment5», «Duration5»

**Examination findings**

* BMI: «BMI»
* Lying/standing BP: «LyingStandingBP»
* AMTS: «AMTS»
* Back pain: «BackPain»

**Falls Risk Assessment**

* Number of falls: «NumberOfFalls»
* «other falls risk factors considered e.g. cognition, fear of falling, lying/standing BP and mobility»
* We «have/have not» referred the patient to the Falls Service.

**DXA Results**

DXA results from scan on «PreviousDexaResults»

The DXA results give a T score at the lumbar spine of «LumbarScore», total hip «HipScore», and femoral neck «FemoralNeckScore»

**Blood results**

«OtherBloods»

More information on national guidelines available here: [www.rcplondon.ac.uk/FLS-patient-info](http://www.rcplondon.ac.uk/FLS-patient-info)and [www.theros.org.uk](http://www.theros.org.uk)

Kind Regards,

|  |  |
| --- | --- |
| «SeenBy»  Fracture Prevention Specialist Nurse |  |

CC:

«Prefix» «FirstName» «LastName»

«Address1»

«Address2»

«Address3»

«Address4»

«Address5»

«Postcode»