

WOMEN'S HEALTH AND MENOPAUSE CENTER

Phone: [REDACTED]

Fax: [REDACTED]

Bone Density Report

Name: B [REDACTED], G [REDACTED] Sex: Female Age: 59
 Patient ID: [REDACTED] Ethnicity: Black Height: 5'2 in
 Referring Provider: [REDACTED] Date of Birth: [REDACTED] 964 Weight: 155.0 lb

Indication: postmenopausal osteoporosis;

Accession number: 63329 [REDACTED] 0082923

Bone Density: Exam date 08/29/2023

| Region | BMD (g/cm ²) | T-score | Z-score | Classification |
|--------------------|--------------------------|---------|---------|----------------|
| AP Spine(L1, L2) | 0.801 | -2.5 | -1.1 | Osteoporosis |
| Femoral Neck(Left) | 0.731 | -1.6 | -0.5 | Osteopenia |
| Total Hip(Left) | 0.813 | -1.4 | -0.7 | Osteopenia |

World Health Organization criteria for BMD impression classify patients as Normal (T-score at or above -1.0), Osteopenia (T-score between -1.0 and -2.5), or Osteoporosis (T-score at or below -2.5).

10-year Fracture Risk:

FRAX not reported because:
 Some T-score for Spine Total or Hip Total or Femoral Neck at or below -2.5

Previous Exams:

| Region | Exam Date | Age | BMD (g/cm ²) | T-score | BMD Change vs. Baseline | BMD Change vs. Previous |
|--------------------|------------|-----|--------------------------|---------|-------------------------|-------------------------|
| AP Spine (L1-L2) | 08/29/2023 | 59 | 0.801 | -2.5 | 6.8%* | 4.2%* |
| | 06/08/2022 | 58 | 0.768 | -2.8 | 2.5%! | 2.5% |
| | 10/27/2021 | 57 | 0.750 | -3.0 | | |
| Total Hip(Left) | 08/29/2023 | 59 | 0.813 | -1.4 | 6.7%* | 6.7%* |
| | 06/08/2022 | 58 | 0.762 | -1.7 | 0.0% | 0.0% |
| | 10/27/2021 | 57 | 0.762 | -1.7 | | |
| Femoral Neck(Left) | 08/29/2023 | 59 | 0.731 | -1.6 | 19.0%* | 4.2% |
| | 06/08/2022 | 58 | 0.702 | -1.8 | 14.2%* | 14.2%* |
| | 10/27/2021 | 57 | 0.614 | -2.4 | | |

*Denotes significance at 95% confidence level, LSC for AP Spine = 0.022 g/cm², LSC for Total Hip = 0.027 g/cm²

WOMEN'S HEALTH AND MENOPAUSE CENTER

Phone: 2 [REDACTED]

Fax: [REDACTED]

Bone Density Report

| | | | | | |
|---------------------|------------|----------------|----------------|---------|----------------|
| Name: | [REDACTED] | Sex: | Female | Age: | [REDACTED] |
| Patient ID: | [REDACTED] | Ethnicity: | Black | Height: | [REDACTED] |
| Referring Provider: | [REDACTED] | Date of Birth: | [REDACTED] 964 | Weight: | [REDACTED] lb. |

Impression: The patient has osteoporosis, based on the Total Spine T-score. No significant bone loss was observed.

Discussion: INCREASED RISK OF FRACTURE. BONE DENSITY IS UNDESIRABLY LOW AT ONE OR MORE SKELETAL SITES, CONSISTENT WITH POSTMENOPAUSAL OSTEOPOROSIS.

This patient's lowest T-score meets the World Health Organization's (WHO) criteria for osteoporosis at one or more sites (T-score -2.5 or below).

In untreated patients, the risk of osteoporotic fracture increases approximately two-fold for each 1.0 SD decrease in T-score. Low bone density is not the only risk factor for fracture; also consider factors such as patient's age, frailty or poor health, risk of falling, risk of injury, previous osteoporotic fracture, family history of osteoporosis, cigarette smoking, low body weight, etc.

Not everyone with low bone mineral density has osteoporosis; osteomalacia and other metabolic bone disorders should also be considered. Patients who have osteoporosis should be evaluated for specific diseases and conditions (secondary causes) that may cause or contribute to bone loss.

The American Association of Clinical Endocrinologists (AACE) and National Osteoporosis Foundation (NOF) recommend pharmacologic intervention for all postmenopausal women whose T-score is in this range. The patient should follow a healthful lifestyle (good nutrition with adequate calcium and vitamin D, and appropriate weight-bearing exercise).

Follow-Up: Consider a repeat BMD and Vertebral Fracture Assessment (VFA) exam in 2 years or sooner if medically necessary, to reassess this patient's status.

Reported by: Dr. [REDACTED] on 08/29/2023 9:40:00 AM.

WOMEN'S HEALTH AND MENOPAUSE CENTER

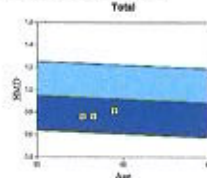
Phone: [REDACTED]

Fax: [REDACTED]

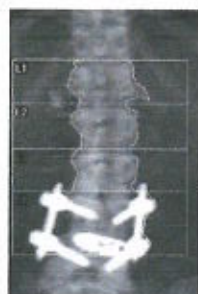
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|-------------|---------------|----------------|----------------|----------------|------------|
| Name: | B. [REDACTED] | Sex: | Female | Height: | [REDACTED] |
| Patient ID: | [REDACTED] | Ethnicity: | Black | Weight: | [REDACTED] |
| Age: | [REDACTED] | Date of Birth: | [REDACTED] 964 | Menopause Age: | [REDACTED] |



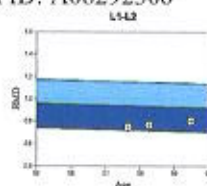
Scan Date: August 29, 2023
Scan ID: A08292305



Scan Type: f Left Hip



Scan Date: August 29, 2023
Scan ID: A08292306



Scan Type: f Lumbar Spine

Results:

| | BMD (g/cm ²) | T-score | PR (%) | Z-score | AM (%) |
|------------------|-----------------------------|---------|-----------|---------|-----------|
| Left Hip (Neck) | 0.731 | -1.6 | 77 | -0.5 | 90 |
| Left Hip (Total) | 0.813 | -1.4 | 79 | -0.7 | 89 |
| Spine (Total) | 0.801 | -2.5 | 74 | -1.1 | 87 |

Total BMD CV 1%

Summary:

| | Classification |
|----------------------|----------------|
| Left Hip BMD (Neck) | Osteopenia |
| Left Hip BMD (Total) | Osteopenia |
| Spine BMD (Total) | Osteoporosis |

A spine fracture indicates 5X risk for subsequent spine fracture and 2X risk for subsequent hip fracture.

World Health Organization criteria for BMD impression classify patients as Normal (T-score at or above -1.0), Osteopenia (T-score between -1.0 and -2.5), or Osteoporosis (T-score at or below -2.5).

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WOMEN'S HEALTH AND MENOPAUSE CENTER

Phone: [REDACTED]

Fax: 248-[REDACTED]

Bone Density Report

Name: B [REDACTED], G [REDACTED] Sex: Female Age: [REDACTED]
Patient ID: [REDACTED] Ethnicity: Black Height: [REDACTED]
Referring Provider: Dr [REDACTED] Date of Birth: [REDACTED] 964 Weight: [REDACTED]

Indication: postmenopausal osteoporosis; monitoring treatment;

Accession number [REDACTED]

Bone Density: Exam date 06/08/2022

| Region | BMD (g/cm ²) | T-score | Z-score | Classification |
|----------------------|--------------------------|---------|---------|----------------|
| AP Spine(L1, L2, L3) | 0.846 | -2.5 | -1.1 | Osteoporosis |
| Femoral Neck(Left) | 0.702 | -1.8 | -0.8 | Osteopenia |
| Total Hip(Left) | 0.762 | -1.7 | -1.0 | Osteopenia |

World Health Organization criteria for BMD impression classify patients as Normal (T-score at or above -1.0), Osteopenia (T-score between -1.0 and -2.5), or Osteoporosis (T-score at or below -2.5).

10-year Fracture Risk:

FRAX not reported because:

Some T-score for Spine Total or Hip Total or Femoral Neck at or below -2.5
Treated for osteoporosis

Previous Exams:

| Region | Exam Date | Age | BMD (g/cm ²) | T-score | BMD Change vs. Baseline | BMD Change vs. Previous |
|--------------------|------------|-----|--------------------------|---------|-------------------------|-------------------------|
| AP Spine (L1-L3) | 06/08/2022 | 58 | 0.846 | -2.5 | 3.6%* | 3.6%* |
| | 10/27/2021 | 57 | 0.817 | -2.7 | | |
| Total Hip(Left) | 06/08/2022 | 58 | 0.762 | -1.7 | 0.0% | 0.0% |
| | 10/27/2021 | 57 | 0.762 | -1.7 | | |
| Femoral Neck(Left) | 06/08/2022 | 58 | 0.702 | -1.8 | 14.2%* | 14.2%* |
| | 10/27/2021 | 57 | 0.614 | -2.4 | | |

*Denotes significance at 95% confidence level, LSC for AP Spine = 0.022 g/cm², LSC for Total Hip = 0.027 g/cm²

Impression: The patient has osteoporosis, based on the Total Spine T-score. No significant bone loss was observed.

Discussion: PATIENT UNDER TREATMENT WITH NO SIGNIFICANT BMD LOSS SINCE LAST EXAM.

WOMEN'S HEALTH AND MENOPAUSE CENTER

Phone: [REDACTED]

Fax: [REDACTED]

Bone Density Report

Name: B [REDACTED], G [REDACTED]

Sex: Female

Age: [REDACTED]

Patient ID: [REDACTED]

Ethnicity: Black

Height: [REDACTED]

Referring Provider: [REDACTED]

Date of Birth: [REDACTED] 1964

Weight: [REDACTED]

In an untreated patient, BMD typically declines with age. A lack of decline or gain is usually a sign that treatment is efficacious and fracture risk is reduced. It is important to ask patients whether they are taking their medications and to encourage continued and appropriate compliance with their osteoporosis therapies to reduce fracture risk. It is also important to review their risk factors and encourage appropriate calcium and vitamin D intakes, exercise, fall prevention and other lifestyle measures.

Follow-Up: Consider a repeat BMD and Vertebral Fracture Assessment (VFA) exam in 2 years or sooner if medically necessary, to reassess this patient's status.

Reported by: Dr. [REDACTED] on 06/08/2022 10:54:00 AM.

WOMEN'S HEALTH AND MENOPAUSE CENTER

77 W. Main St., Suite 200
West Bloomfield, MI 48322

Phone: 248-350-1100

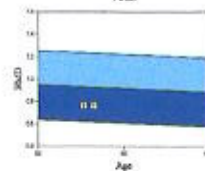
Fax: 248-350-1101

| | | | | | |
|-------------|-------|----------------|--------|----------------|----------|
| Name: | B. G. | Sex: | Female | Height: | 59.8 in |
| Patient ID: | | Ethnicity: | Black | Weight: | 135.0 lb |
| Age: | 58 | Date of Birth: | /1964 | Menopause Age: | 42 |



Scan Date: June 08, 2022

Scan ID: A06082207

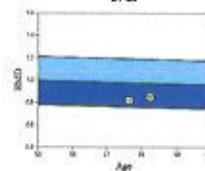


Scan Type: f Left Hip



Scan Date: June 08, 2022

Scan ID: A06082208



Scan Type: f Lumbar Spine

Results:

| | BMD (g/cm ²) | T-score | PR (%) | Z-score | AM (%) |
|------------------|-----------------------------|---------|-----------|---------|-----------|
| Left Hip (Neck) | 0.702 | -1.8 | 74 | -0.8 | 86 |
| Left Hip (Total) | 0.762 | -1.7 | 74 | -1.0 | 83 |
| Spine (Total) | 0.846 | -2.5 | 76 | -1.1 | 88 |

Total BMD CV 1%

Summary:

| | Classification |
|----------------------|----------------|
| Left Hip BMD (Neck) | Osteopenia |
| Left Hip BMD (Total) | Osteopenia |
| Spine BMD (Total) | Osteoporosis |

A spine fracture indicates 5X risk for subsequent spine fracture and 2X risk for subsequent hip fracture.

World Health Organization criteria for BMD impression classify patients as Normal (T-score at or above -1.0), Osteopenia (T-score between -1.0 and -2.5), or Osteoporosis (T-score at or below -2.5).

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