



Schedule by Phone  
866.717.2551



Schedule Online  
[www.SolisMammo.com/Schedule](http://www.SolisMammo.com/Schedule)



Fax Number  
866.366.5798

**PATIENT INFORMATION**

Patient Name

DOB

Patient Phone Number

**PHYSICIAN INFORMATION**

Physician Name (printed)

Physician NPI

Date

Physician Phone

Physician Fax

Practice Name

**A DIAGNOSIS CODE MUST BE PROVIDED FOR THIS ORDER TO BE VALID.  
PLEASE PROVIDE THE NECESSARY CODE FOR EACH STUDY ORDERED.**

**BREAST EXAMINATION REQUEST**

- Screening Mammogram w/ additional views and/or Ultrasound if necessary for inconclusive Mammogram
- 3D (Tomosynthesis) — may be added to any mammography imaging order by request of the patient or by agreement of both the patient and physician.
- Diagnostic Mammogram
- Diagnostic Mammogram w/ Ultrasound if necessary
- Breast Ultrasound
- Breast Cyst Aspiration/Fine Needle Aspiration
- Breast Biopsy (Ultrasound Guided/Stereotactic)

**REASON FOR PROCEDURE**

ICD-10 CODE R92.2 - inconclusive mammogram will be used for patient recall exams

**ICD-10 CODE** For each indicated exam

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BONE DENSITOMETRY**

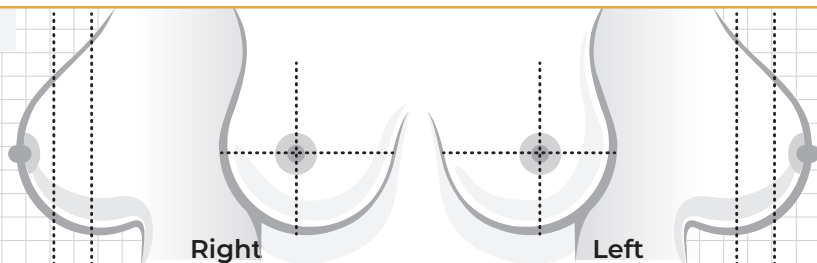
- DEXA Bone Densitometry
- DEXA with Vertebral Fracture Assessment
- Body Composition

**REASON FOR PROCEDURE**

**ICD-10 CODE** \_\_\_\_\_

**SELECT QUADRANT AND LATERALITY FOR DIAGNOSTIC EXAM**

Indicate Area of Concern



**PHYSICIAN SIGNATURE**

Stamped signatures are not allowed

Physician Signature

Date

Time

Facility address and services on reverse side.



## PATIENT INSTRUCTIONS

Please arrive 15 minutes before your scheduled appointment time to prepare for your exam.

Bring this form, your insurance cards and your driver's license. Please do not bring unattended children to your appointment.

### MAMMOGRAM INSTRUCTIONS

Since you will be gowning, we recommend that you wear a blouse with slacks or skirt. Please avoid the use of powder and deodorant the day of your exam. Please do not schedule your appointment one week before or during your menstrual period. To avoid a delay in interpretation, please bring any prior mammograms to your appointment.

### BONE DENSITOMETRY INSTRUCTIONS

Please wear loose fitting clothing with no metal zippers or belt buckles below the waist. Please do not take any calcium supplements the day before and the day of your exam. Please note that the weight requirement for this procedure cannot exceed 300 pounds.

## Greensboro Services and Location

### Our Services:

- 3D Mammography™ + AI Integration
- **SmartCurve™** Comfort
- Screening Mammography
- Diagnostic Mammography
- Breast Ultrasound
- Breast Biopsy (Ultrasound Guided or Stereotactic)
- Bone Densitometry



### Greensboro

#### Solis Mammography Greensboro

1126 N. Church St., Suite 200, Greensboro, NC 27401

Providing all services