



Schedule by Phone
866.717.2551



Schedule Online
SolisMammo.com



Fax Number
866.366.5798

PATIENT INFORMATION

Patient Name	DOB	Patient Phone Number
Physician	Date	

LOCATION

Greensboro

BREAST EXAMINATION REQUEST

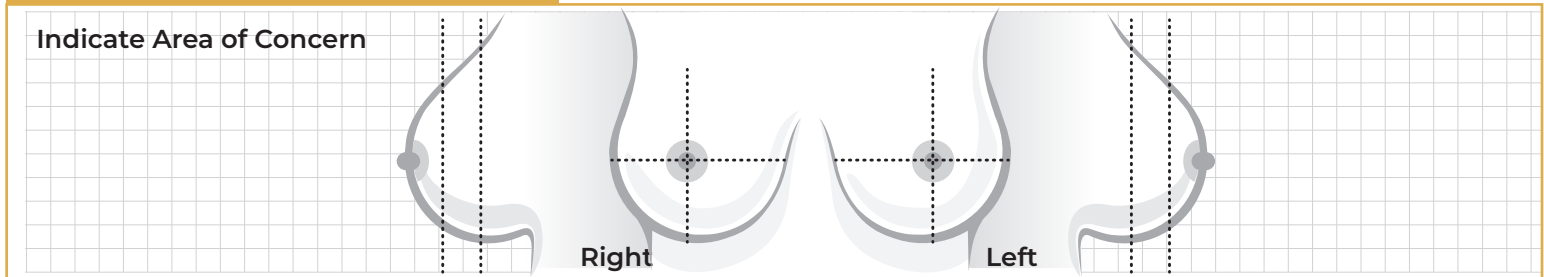
- | | |
|---|---|
| <input type="radio"/> Screening Mammogram w/ additional views and/or Ultrasound if necessary for inconclusive Mammogram | <input type="radio"/> Diagnostic Mammogram |
| <input type="radio"/> 3D (Tomosynthesis) — may be added to any mammography imaging order by request of the patient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

SELECT REASON FOR PROCEDURE

- | | | |
|---|---|--|
| <input type="radio"/> Breast Mass | <input type="radio"/> Breast Pain | <input type="radio"/> Breast Cyst |
| <input type="radio"/> Family History of Breast Cancer | <input type="radio"/> Personal History of Breast Cancer | <input type="radio"/> Abnormal Mammogram |
| <input type="radio"/> Other _____ | | |

FOR CLINICAL USE ONLY

Indicate Area of Concern



BONE DENSITOMETRY

- DEXA Bone Densitometry DEXA with Vertebral Fracture Assessment

SELECT REASON FOR PROCEDURE

- | | | |
|--|---|--|
| <input type="radio"/> Screening for Osteoporosis | <input type="radio"/> Post-Menopausal, Natural Status | <input type="radio"/> Post-Menopausal, using HRT |
| <input type="radio"/> Osteopenia | <input type="radio"/> Osteoporosis | <input type="radio"/> Long-term, current, use of Steroids or High-risk Medications |
| <input type="radio"/> Other _____ | | |

Physician Signature

Date

Time

Facility addresses 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 Locations

Our Services:

- 3D Mammography™ with **SmartCurve™**
- 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