



Schedule by Phone
866.717.2551



Schedule Online
SolisMammo.com/Schedule



Fax Number
866.366.5798

PATIENT INFORMATION

Patient Name	DOB	Patient Phone Number
Physician	Date	
Physician Phone	Physician Fax	Physician NPI

Rose Medical Center
4700 E. Hale Pkwy., Suite 450, Denver, CO 80220
Providing all services

Central Park
10405 Martin Luther King Blvd., Suite 130, Denver, CO 80238
3D screening and bone densitometry only

BREAST EXAMINATION REQUEST

- | | |
|---|--|
| <input type="radio"/> Screening Mammogram with additional views and/or Ultrasound if necessary for inconclusive Mammogram | <input type="radio"/> Breast Ultrasound |
| <input type="radio"/> Screening Mammogram | <input type="radio"/> Breast Cyst Aspiration/Fine Needle Aspiration |
| <input type="radio"/> Diagnostic Mammogram | <input type="radio"/> Breast Biopsy (Ultrasound Guided/Stereotactic) |
| <input type="radio"/> Diagnostic Mammogram with Ultrasound if necessary | ___ Laterality and Quadrant (required for biopsy): _____ |

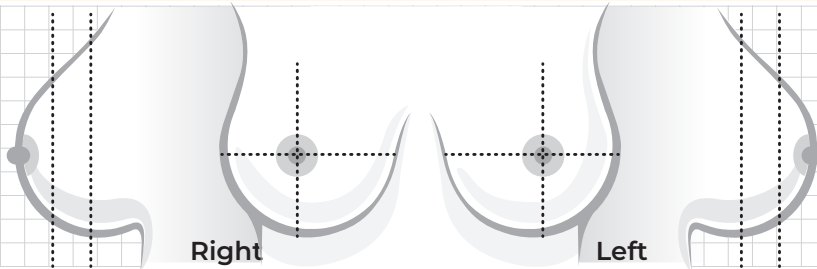
3D (Tomosynthesis) with SmartCurve™ is available at both locations.

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

- | | |
|---------------------------------|--------------------------------|
| <input type="radio"/> DEXA Scan | <input type="radio"/> DEXA VFA |
| | ___ Pathological |
| | ___ Traumatic |

SELECT REASON FOR PROCEDURE

- | | | |
|--|--|---|
| <input type="radio"/> Osteoporosis
(Must check diagnostic reason(s) below)
___ Post-Menopausal, Natural Status
___ Post-Menopausal, using HRT
___ Age-related osteoporosis without current pathological fracture
___ Fracture/suspected fracture (specify body part here) _____
___ Hyperparathyroidism | ___ Monitoring to assess an FDA-approved osteoporosis drug therapy
___ Long-term use of inhaled steroids list med(s) _____
___ Long-term use of systemic steroids list med(s) _____
___ Other _____ | <input type="radio"/> Osteopenia
Disorder of the bone density and structure, multiple sites, or list site(s):

<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.

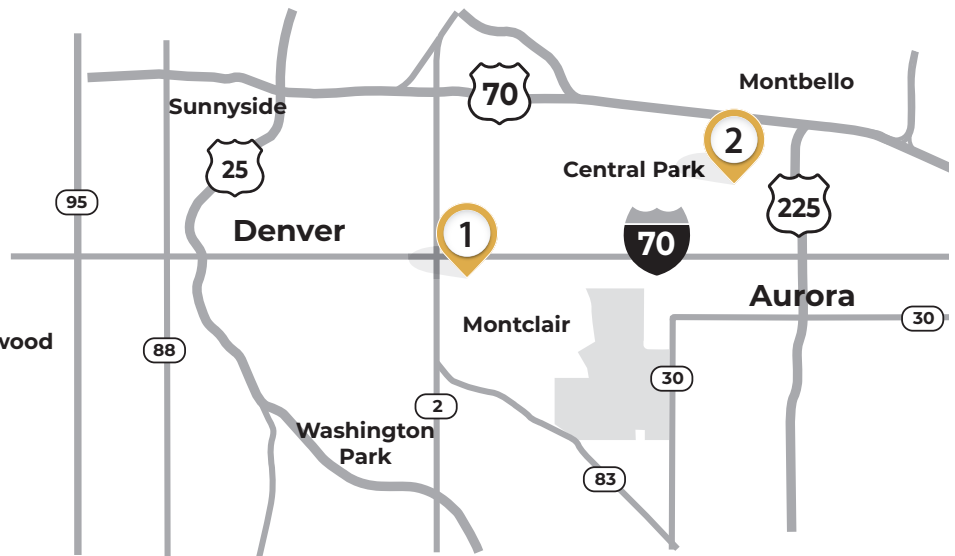
BONE DENSITOMETRY INSTRUCTIONS

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.

Denver Services and Locations

Our Services:

- 3D Mammography™ with **SmartCurve™**
- Screening Mammography
- Diagnostic Mammography
- Breast Ultrasound
- Breast Biopsy (Ultrasound Guided or Stereotactic)
- Bone Densitometry



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