



Schedule by Phone  
855.530.2383



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



Fax Number  
866.459.6609

**PATIENT INFORMATION**

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

**LOCATION**

- Memorial Hospital Miramar
  Memorial Hospital West
  Memorial Regional Hospital South

**BREAST EXAMINATION REQUEST**

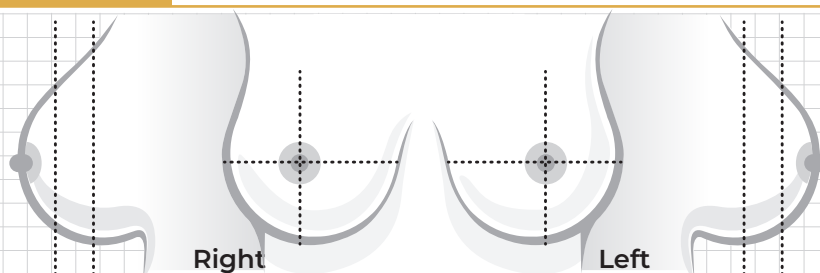
- |   |   |  |
|---|---|--|
| <input type="radio"/> Screening Mammogram 3D<br><b>77067, 77063</b> | <input type="radio"/> Breast Ultrasound Consult <input type="radio"/> Stereotactic Biopsy – <b>19081</b><br>___ Left ___ Right<br>Additional Site ___ Left ___ Right<br>___ w/ Savi Insertion – <b>10035</b><br>___ Left ___ Right<br>Additional Site ___ Left ___ Right <input type="radio"/> Ultrasound Biopsy – <b>19083</b><br>___ Left ___ Right<br>Additional Site ___ Left ___ Right<br>___ w/ Savi Insertion – <b>19285</b><br>___ Left ___ Right<br>Additional Site – <b>19286</b> ___ Left ___ Right <input type="radio"/> Axilla Ultrasound – <b>76882</b><br>___ Left ___ Right <input type="radio"/> Axilla Biopsy – <b>76942, 38505</b><br>___ Left ___ Right | <input type="radio"/> Ultrasound Guided Breast Drainage<br>___ Left ___ Right<br>___ w/ catheter placement – <b>75989</b><br>___ w/o catheter placement – <b>75989, 19020</b> <input type="radio"/> Mammography Needle Localization – <b>19281</b><br>___ Left ___ Right<br>Additional Site ___ Left ___ Right <input type="radio"/> Ultrasound Needle Localization – <b>19285</b><br>___ Left ___ Right<br>Additional Site ___ Left ___ Right <input type="radio"/> Savi Scout – <b>19283</b><br>___ Left ___ Right<br>Additional Site – <b>19284</b> ___ Left ___ Right <input type="radio"/> Ductogram – <b>77053</b><br>___ Left ___ Right |
|---|---|--|

**SELECT REASON FOR PROCEDURE**

- |  |   |
|--|---|
| <input type="radio"/> Annual Mammogram<br><input type="radio"/> Dense Breast (Breast Ultrasound)<br><input type="radio"/> Abnormal Mammogram <input type="radio"/> Personal History of Breast Cancer<br><input type="radio"/> Family History of Breast Cancer<br><input type="radio"/> Breast Pain | <input type="radio"/> Breast Mass<br><input type="radio"/> Breast Cyst<br><input type="radio"/> Other _____ |
|--|---|

**FOR CLINICAL USE ONLY**

Indicate Area of Concern



**BONE DENSITOMETRY/DEXA**

- Bone Density  
 \_\_\_ Spine & Hip – **77080**  
 \_\_\_ Forearm – **77081**
 Pediatric Bone Density – **77080**
 Reason for Procedure  
 \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Facility addresses and services on reverse side.



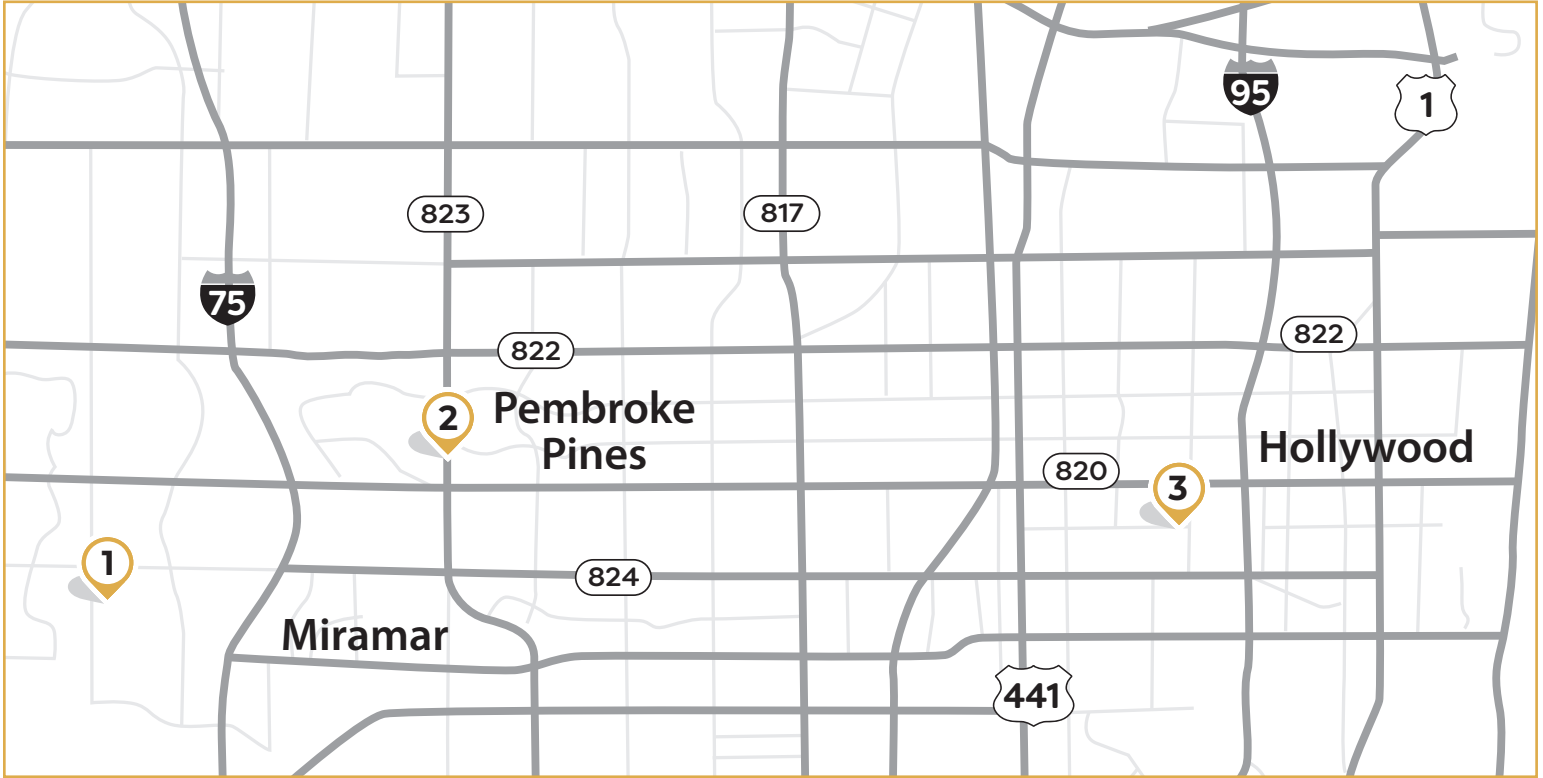
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## Locations and Services:

### Our Services:

- 3D Mammography™ with **SmartCurve™**
- Screening Mammography
- Diagnostic Mammography
- Breast Ultrasound
- Breast Biopsy (Ultrasound Guided or Stereotactic)
- Bone Densitometry/DEXA
- Ductogram
- Breast Drainage/Cyst Aspiration
- Wireless Localization

**1 Memorial Hospital Miramar**  
1971 SW 172 Avenue, Miramar, FL 33029  
*Providing all services*

**2 Memorial Hospital West**  
703 N. Flamingo Road, Pembroke Pines, FL 33028  
*Providing all services except ductogram*

**3 Memorial Regional Hospital South**  
3600 Washington Street, Hollywood, FL 33021  
*Providing all services*