



Schedule by Phone
866.717.2551



Schedule Online
www.SolisMammo.com/Schedule



Fax Number
866.366.5798

PATIENT INFORMATION

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

LOCATION

Solis Mammography, a department of TriStar StoneCrest Medical Center
537 StoneCrest Pkwy., Suite 202, Smyrna, TN 37167

Solis Mammography, a department of TriStar Skyline Medical Center
3443 Dickerson Pike, Suite 260, Nashville, TN 37207

BREAST EXAMINATION REQUEST

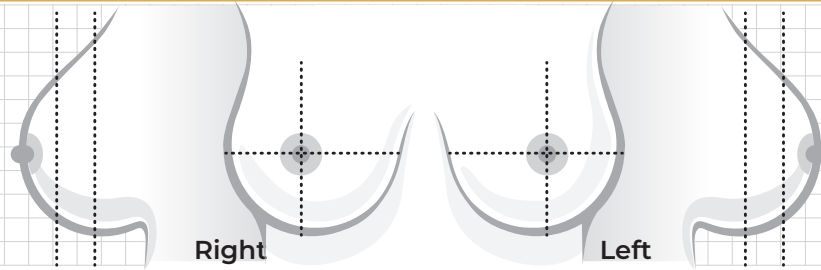
- | | |
|---|--|
| <input type="radio"/> Screening Mammogram w/ additional views and/or Ultrasound if necessary for inconclusive Mammogram | <input type="radio"/> Breast Ultrasound |
| <input type="radio"/> Screening Mammogram | <input type="radio"/> Breast Cyst Aspiration/Fine Needle Aspiration |
| <input type="radio"/> Diagnostic Mammogram | <input type="radio"/> Breast Biopsy (Ultrasound Guided/Stereotactic) |
| <input type="radio"/> Diagnostic Mammogram w/Ultrasound if necessary | <input type="radio"/> Needle Localization |

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

SELECT REASON FOR PROCEDURE

- | | | |
|--|--|---|
| <input type="radio"/> Osteoporosis
<i>(Must check diagnostic reason(s) below)</i>
<input type="checkbox"/> Post-Menopausal, Natural Status
<input type="checkbox"/> Post-Menopausal, using HRT
<input type="checkbox"/> Age-related osteoporosis without current pathological fracture
<input type="checkbox"/> Fracture/suspected fracture (specify body part here) _____
<input type="checkbox"/> Hyperparathyroidism | <input type="checkbox"/> Monitoring to assess an FDA-approved osteoporosis drug therapy
<input type="checkbox"/> Long-term use of inhaled steroids list med(s) _____
<input type="checkbox"/> Long-term use of systemic steroids list med(s) _____
<input type="checkbox"/> 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.

Nashville-Area Services and Locations

Our Services:

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



1 Solis Mammography, a department of TriStar StoneCrest Medical Center
537 StoneCrest Pkwy., 2nd Floor, Suite 202, Smyrna, TN 37167
Providing all services



2 Solis Mammography, a department of TriStar Skyline Medical Center
3443 Dickerson Pike, Suite 260, Nashville, TN 37207
Providing all services