



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

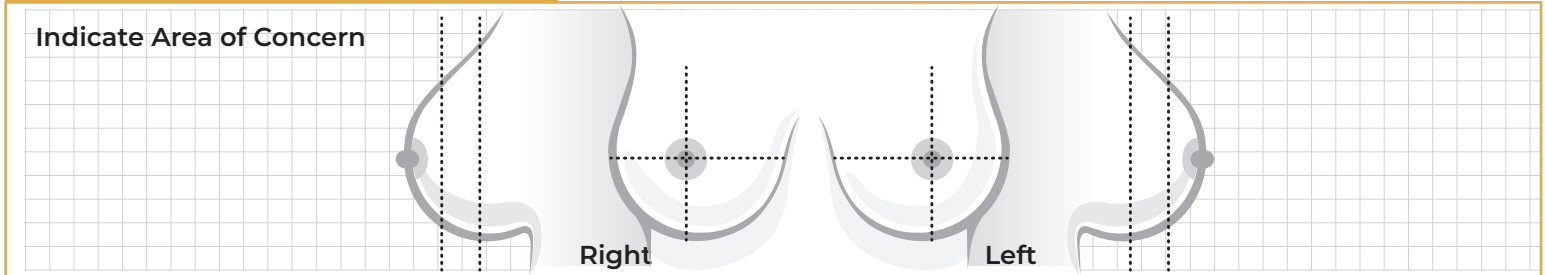
BREAST EXAMINATION REQUEST

- Screening Mammogram w/ additional views and/or Ultrasound if necessary for inconclusive Mammogram
- Screening Mammogram
- Diagnostic Mammogram
- Diagnostic Mammogram w/ Ultrasound if necessary
- Breast Ultrasound
- Breast Cyst Aspiration/Fine Needle Aspiration
- Breast Biopsy w/ Post Clip Procedure (Stereotactic)
- Ultrasound Guided Biopsy w/ Post Clip Procedure

SELECT REASON FOR PROCEDURE

- Breast Mass
- Family History of Breast Cancer
- Other _____
- Breast Pain
- Personal History of Breast Cancer
- Breast Cyst
- Abnormal Mammogram

FOR CLINICAL USE ONLY



BONE DENSITOMETRY

- DEXA Bone Densitometry
- DEXA with Vertebral Fracture Assessment

SELECT REASON FOR PROCEDURE

- 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 _____
- Osteopenia**
Disorder of the bone density and structure, multiple sites, or list site(s):

- Other**

Physician Signature _____ Date _____ Time _____



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.

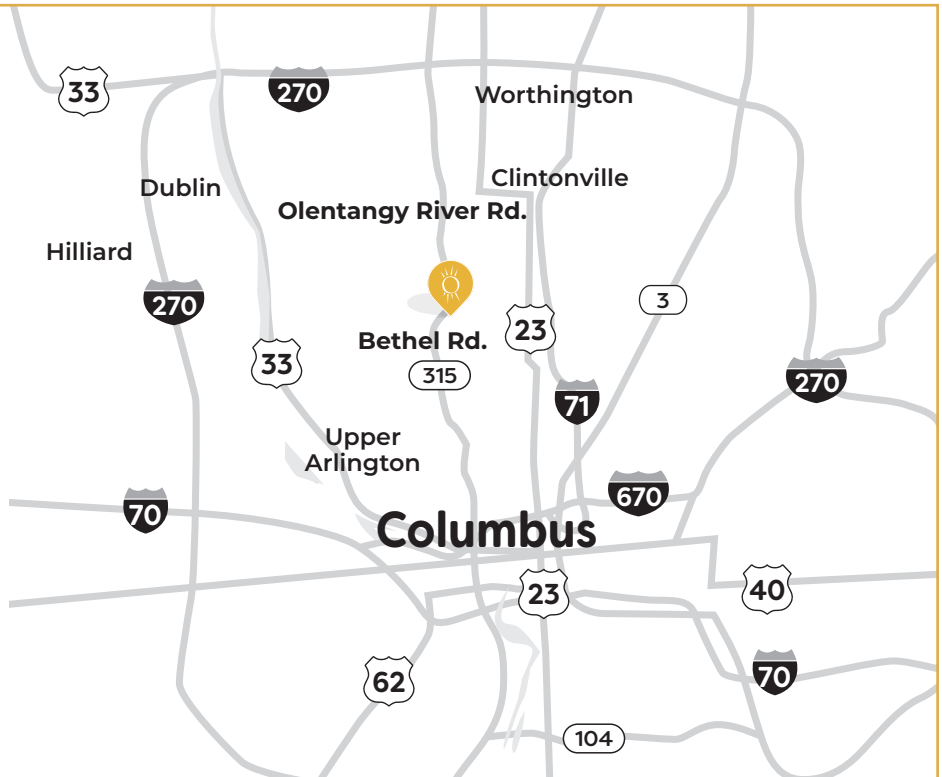
BONE DENSITOMETRY INSTRUCTIONS

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.

Ohio 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



Columbus

Solis Mammography Columbus (Bethel)

974 Bethel Rd., Suite. F, Columbus, OH 43214

Providing all services