|                     | Download this form at: https://www.solismammo.com/physician-resources/referral-pads |  |                                   |  |
|---------------------|---|--|-----------------------------------|--|
| SÖLIS               | $\bigotimes$  |  |                                   |  |
| Mammography         | Schedule by Phone<br><b>866.717.2551</b>  | Schedule Online<br>SolisMammo.com/Schedule | Fax Number<br><b>866.366.5798</b> |  |
| PATIENT INFORMATION |   |  |                                   |  |
|                     |   |  |                                   |  |
| Patient Name        | DOB   | Patient Phone                              | Patient Phone Number              |  |
|                     |   |  |                                   |  |
| Physician           | Date  |  |                                   |  |
|                     |   |  |                                   |  |
| Physician Phone     | Physician Fax   | Physician NPI                              |                                   |  |

### A DIAGNOSIS CODE MUST BE PROVIDED FOR THIS ORDER TO BE VALID

| BREAST EXAMINATION REQUEST   |         | REASON FOR PROCEDURE |      |
|--|---------|----------------------|------|
| <ul> <li>Screening Mammogram with additiona<br/>and/or Ultrasound if necessary for incon-<br/>Mammogram</li> </ul> |         |                      |      |
| O Diagnostic Mammogram with Ultrasour if necessary   | nd      | ICD-10 CODE          | <br> |
| O Breast Ultrasound  |         |                      |      |
| O Breast Ultrasound for Dense Breasts  |         |                      |      |
| O Breast Biopsy with post procedure Mam<br>if needed   | nmogram |                      |      |
| BONE DENSITOMETRY  |         | REASON FOR PROCEDURE |      |
| O DEXA Bone Densitometry   |         | ICD-10 CODE          | <br> |
| FOR CLINICAL USE ONLY  |         |                      |      |
| Indicate Area of Concern   |         |                      |      |

|       |      | <b>,</b> |  |
|-------|------|----------|--|
| Right | Left |          |  |

| PHYSICIAN SIGNATURE |      |      |  |
|---------------------|------|------|--|
|                     |      |      |  |
| Physician Signature | Date | Time |  |

# Facility addresses and services on reverse side.



Schedule by Phone Schedule Online 866.717.2551 SolisMammo.com/Schedule

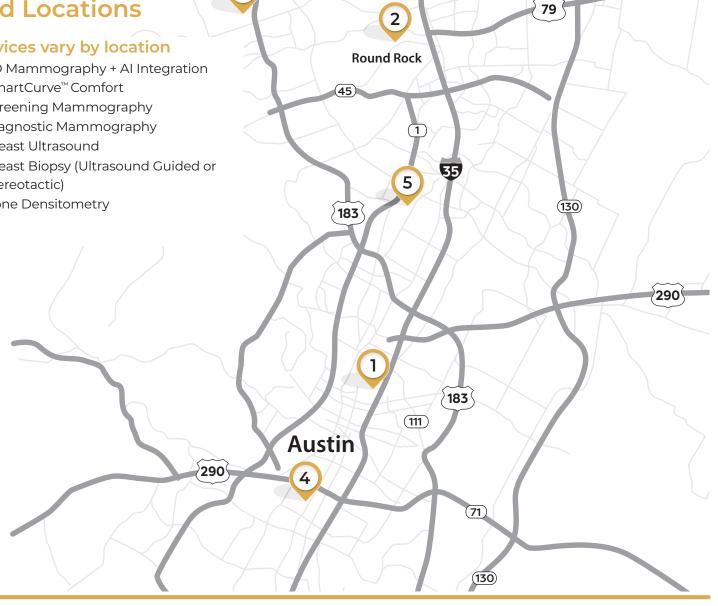




**Austin Area Services** 3 and Locations

## Services vary by location

- 3D Mammography + Al Integration •
- SmartCurve<sup>™</sup>Comfort •
- Screening Mammography •
- Diagnostic Mammography •
- **Breast Ultrasound**
- Breast Biopsy (Ultrasound Guided or • Stereotactic)
- Bone Densitometry •



(1)

Solis Mammography, a department of St. David's **Medical Center** 900 E 30th St., Suite 111 Austin, TX 78705



(3)

(183A)

#### **COMING SOON**

**COMING SOON** 

**Cedar Park** 

Cedar Park, TX

Solis Mammography

Solis Mammography, a department of St. David's **Round Rock Medical Center** Round Rock, TX



#### **COMING SOON**

Solis Mammography, a department of South Austin Medical Center Austin, TX



#### **COMING SOON**

Solis Mammography, a department of North Austin Medical Center Austin, TX

# Schedule Online | www.SolisMammo.com

Home of the **Peace of Mind Mammogram**<sup>®</sup>