~ 1	Download this forr	Download this form at: https://www.solismammo.com/physician-resources/referral-pads			
		$\langle \rangle$			
SULIS	Scl	hedule by Phone	Schedule Online	Fax Number	
Mammography		866.717.2551	SolisMammo.com	866.575.2753	
PATIENT INFORMATION					
Patient Name	DOB		Patient Phone Number		
PHYSICIAN INFORMATION					
Physician Name (printed)	Physi	ician NPI	Date		
Physician Phone	Physician Fax		Practice Name		
A DIAGNOSIS CODE MUST BE PROVIDED					
PLEASE PROVIDE THE NECESSARY COD BREAST EXAMINATION REQUEST	E FOR EACH STU				
 Screening Mammogram w/ additional views and/or Ultrasound if necessary for inconclusive Mammogram 		REASON FOR PROCEDUREICD-10 CODER92.2 - inconclusive mammogram will beused for patient recall exams			
					 Diagnostic Mammogram w/ Ultrasound O Breast Ultrasound w/diagnostic mamm
if needed	logiani	ICD-10 CODE For	each indicated exam		
 O Breast Ultrasound for Dense Breasts O Breast Ultrasound guided biopsy and/o 	r storootactic				
biopsy w/post mammogram					
BONE DENSITOMETRY		REASON FOR PR	OCEDURE		
O DEXA Scan					
O DEXA VFA		ICD-10 CODE			
Pathological Traumatic					
SELECT QUADRANT AND LATERALITY FO	DR DIAGNOSTIC E				
	Right	Left			
PHYSICIAN SIGNATURE	Stamped signatures a	re not allowed			
Physician Signature	Date		Time		









PATIENT INSTRUCTIONS

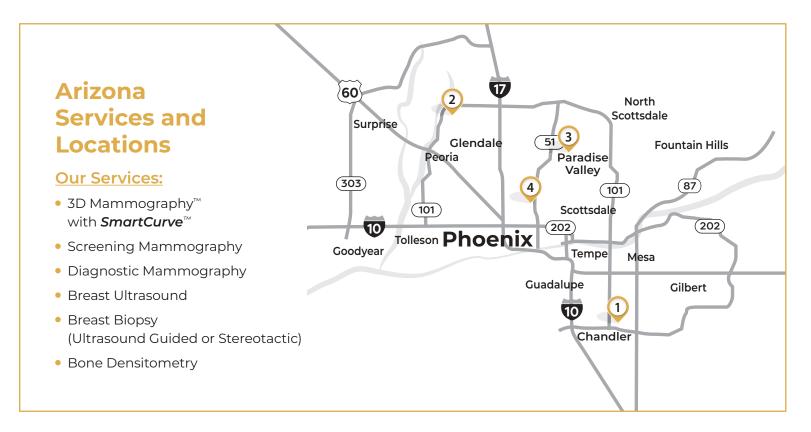
Please arrive 15 minutes before your scheduled appointment time to prepare for your exam. Bring this form, your insurance cards and your driver's license. Please do not bring unattended children to your appointment.

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.



1 Chandler

Solis Mammography Chandler

2081 W. Frye Road, Bldg. E, Suite 110, Chandler, AZ 85224 Providing all services

2 Glendale

Solis Mammography Glendale

18699 N. 67th Ave., Suite 110, Glendale, AZ 85308 Providing all services

3 Paradise Valley

Solis Mammography Paradise Valley 11220 N. Tatum Blvd., Suite 105, Phoenix, AZ 85028 Providing all services except Bone Densitometry

4 Pheonix

Solis Mammography Phoenix (Central)

1661 E. Camelback Road, Suite 140, Phoenix, AZ 85016 Providing all services