



Schedule by Phone
210-826-2666



Fax Number
210-314-7545

PATIENT INFORMATION

Patient Name _____ DOB _____ Patient Phone Number _____

PHYSICIAN INFORMATION

Physician Name (printed) _____ Physician NPI _____ Date _____

Physician Phone _____ Physician Fax _____ Practice Name _____

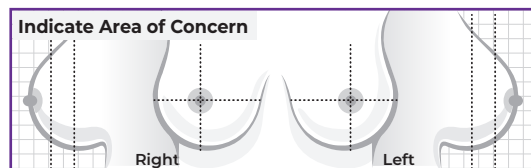
A DIAGNOSIS CODE MUST BE PROVIDED FOR THIS ORDER TO BE VALID. PLEASE PROVIDE THE NECESSARY CODE FOR EACH STUDY ORDERED.

BREAST EXAMINATION REQUEST

ICD-10 CODE _____

ICD-10 CODE R92.2 - inconclusive mammogram will be used for patient recall exams

- Screening Mammogram w/ additional views and/or Ultrasound if necessary for inconclusive Mammogram
- Diagnostic Mammogram w/ Ultrasound if necessary __ Right __ Left __ Bilateral
- Breast Ultrasound w/Mammogram if necessary __ Right __ Left
- Stereotactic Guided Biopsy* __ Right __ Left
- Ultrasound Guided Breast Biopsy __ Right __ Left
- Fine Needle Aspiration* __ Right __ Left
- Cyst Aspiration* __ Right __ Left



INTERVENTIONAL

ICD-10 CODE _____

- Needle Localization*
- Galactogram
- Thyroid Biopsy
- Thyroid Fine Needle Aspiration*

ULTRASOUND

ICD-10 CODE _____

- Pelvic* (w/ Transvaginal and Doppler if needed)
- Fetal Viability* (w/ Transvaginal and Doppler if needed)
- Extremity __ Right __ Left _____
- Kidney __ Right __ Left __ Bilateral
- Thyroid
- Abdomen
- Abdomen Aorta*
- AAA Screening*
- Liver*
- Gallbladder*

Vascular Ultrasound

Arterial Doppler

- Carotid
- Aorta Doppler*
- Abdominal Doppler*

Venous Doppler

- Upper Ext. Doppler __ Right __ Left
- Lower Ext. Doppler __ Right __ Left
- DVT
- Abdominal Doppler* __ Portal*

**Procedures that require special preparation*

BONE DENSITOMETRY

ICD-10 CODE _____

- DEXA Bone Densitometry w/ Lateral L-Spine
- DEXA Bone Densitometry w/out Lateral L-Spine

PHYSICIAN SIGNATURE

Stamped signatures are not allowed

Physician Signature _____ Date _____ Time _____

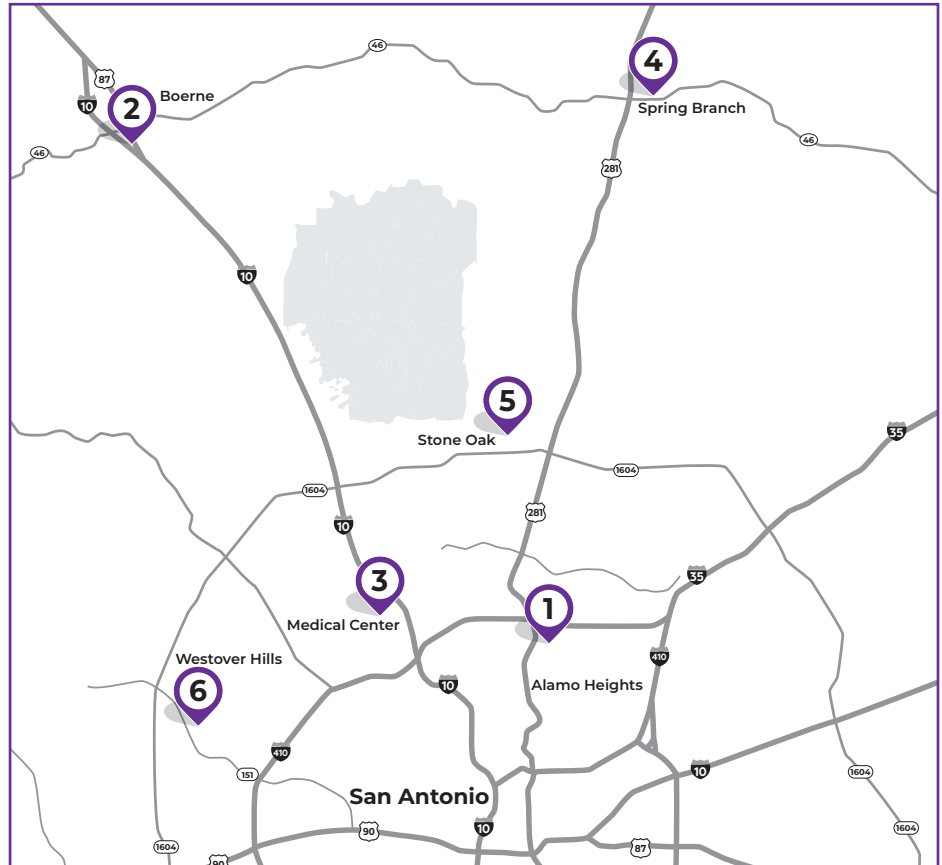
Facility locations and services on reverse side.



Services and Locations

Services vary by location

- 3D Mammography
- Screening Mammography
- Diagnostic Mammography
- Breast Ultrasound
- Breast Biopsy (Ultrasound Guided or Stereotactic)
- Breast Cyst Aspiration/Fine Needle Aspiration
- Needle Localization
- Galactogram
- Body Ultrasound
- Vascular Ultrasound
- Thyroid Biopsy
- Bone Densitometry



1 Avestēe | Solis Mammography Alamo Heights
303 West Sunset Rd., Suite 200
San Antonio, TX 78209

4 Avestēe | Solis Mammography Spring Branch
18772 Forty Six Pkwy., Bldg 6, Suite 601
Spring Branch, TX 78070

2 Avestēe | Solis Mammography Boerne
112 Herff Rd., Suite 350
Boerne, TX 78006

5 Avestēe | Solis Mammography Stone Oak
19016 Stone Oak Pkwy., Suite 280
San Antonio, TX 78258

3 Avestēe | Solis Mammography Medical Center
8632 Fredericksburg Rd., Suite 132
San Antonio, TX 78240

6 Avestēe | Solis Mammography Westover Hills
9842 Westover Hills Blvd., Suite 101
San Antonio, TX 78251