Download this form at: https://www.solismammo.com/physician-resources/referral-pads

SOLIS Mammography

Schedule by Phone **866-717-2551**

Schedule Online **SolisMammo.com/Schedule**

Fax Number **866-366-5798**

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

- ◯ Screening Mammogram with additional views and/or Ultrasound if necessary for inconclusive Mammogram
- ◯ Diagnostic Mammogram with Ultrasound if necessary ◯ Left ◯ Right ◯ Bilateral
- ◯ Breast Ultrasound ◯ Left ◯ Right ◯ Bilateral
- ◯ Breast Ultrasound for Dense Breasts

REASON FOR PROCEDURE

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

ICD-10 CODE For each indicated exam

_____

_____

_____

_____

_____

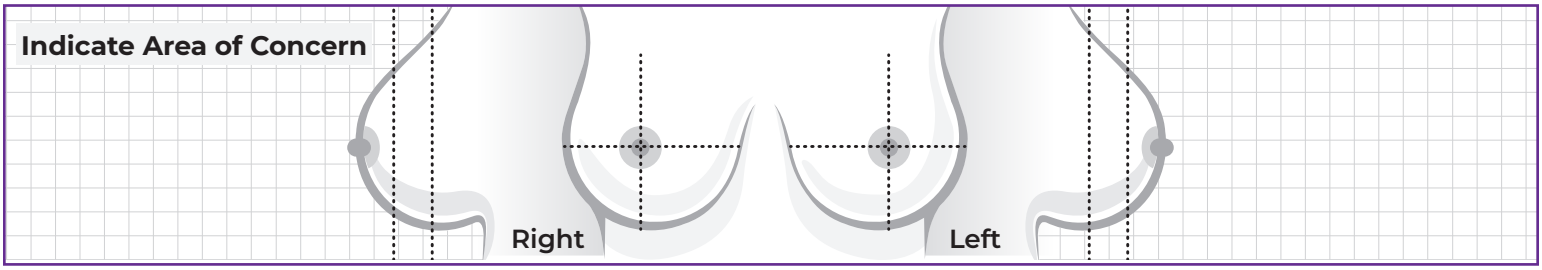
BONE DENSITOMETRY

- ◯ DEXA Bone Densitometry

REASON FOR PROCEDURE

ICD-10 CODE _____

SELECT QUADRANT AND LATERALITY FOR DIAGNOSTIC EXAM



PHYSICIAN SIGNATURE

Stamped signatures are not allowed

Physician Signature | Date | Time

Facility location and services on reverse side.

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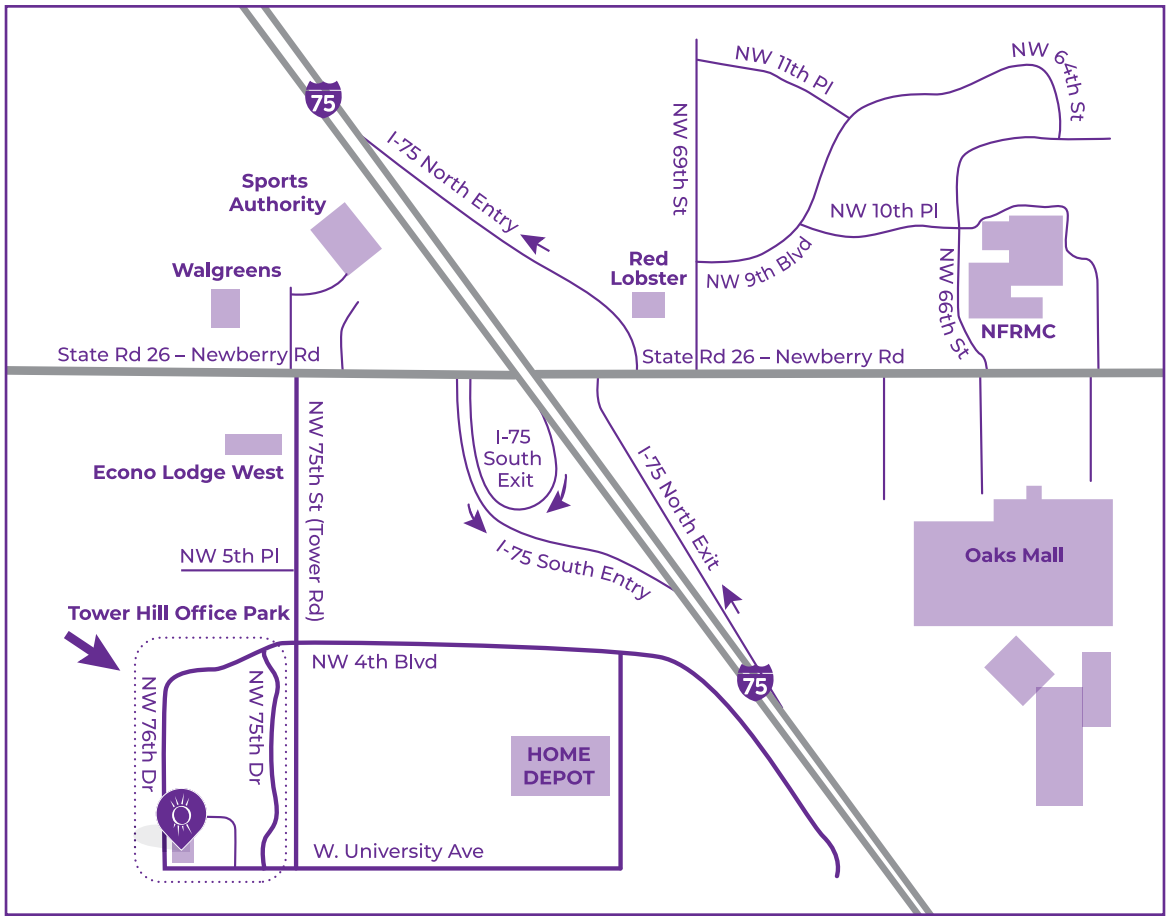

7550 W. University Ave, Suite A
Gainesville, FL 32607

Our Services

- 3D Mammography
- Screening Mammography
- Diagnostic Mammography
- Breast Ultrasound
- Dense Breast Ultrasound
- DEXA Bone Densitometry

Mammogram Preparation

Wash under your arms and breasts the day of the exam. Do not use deodorant, powder or ointment under your breasts or underarms. Wear a two-piece outfit.