



Schedule by Phone
407-841-0822



Fax Number
407-841-0411

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

- | | |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| <input type="radio"/> Screening Mammogram with additional views and/or Ultrasound if necessary for inconclusive Mammogram | <input type="radio"/> Breast MRI |
| <input type="radio"/> Diagnostic Mammogram | <input type="radio"/> Breast Cyst Aspiration |
| <input type="radio"/> Diagnostic Mammogram with Ultrasound if necessary | <input type="radio"/> Ultrasound-Guided Core Biopsy |
| <input type="radio"/> Breast Ultrasound | <input type="radio"/> Stereotactic-Guided Core Biopsy |
| | <input type="radio"/> MRI-Guided Core Biopsy |

ULTRASOUND

ICD-10 CODE _____

- | | | |
|---------------------------------------------|------------------------------------------|------------------------------------|
| <input type="radio"/> Abdominal/Gallbladder | <input type="radio"/> Pelvic | <input type="radio"/> Renal |
| <input type="radio"/> Aorta | <input type="radio"/> ___ Transabdominal | <input type="radio"/> Thyroid |
| <input type="radio"/> Breast | <input type="radio"/> ___ Transvaginal | <input type="radio"/> Other: _____ |

MRI

ICD-10 CODE _____

- | | | |
|-------------------------------|------------------------------|------------------------------------------------------------------|
| <input type="radio"/> Abdomen | <input type="radio"/> Breast | <input type="radio"/> Spine ___ Cervical ___ Thoracic ___ Lumbar |
| <input type="radio"/> Brain | <input type="radio"/> Pelvic | <input type="radio"/> Other: _____ |

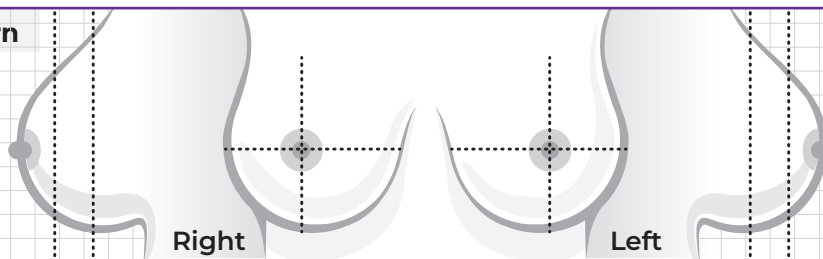
BONE DENSITOMETRY

ICD-10 CODE _____

- | | |
|---------------------------------------------------------------|-----------------------------------------------------------|
| <input type="radio"/> DEXA Bone Densitometry (Multiple Sites) | <input type="radio"/> DEXA Bone Densitometry (Whole Body) |
|---------------------------------------------------------------|-----------------------------------------------------------|

SELECT QUADRANT AND LATERALITY FOR DIAGNOSTIC EXAM

Indicate Area of Concern



PHYSICIAN SIGNATURE

Stamped signatures are not allowed

Physician Signature _____ Date _____ Time _____

Facility locations and services on reverse side.



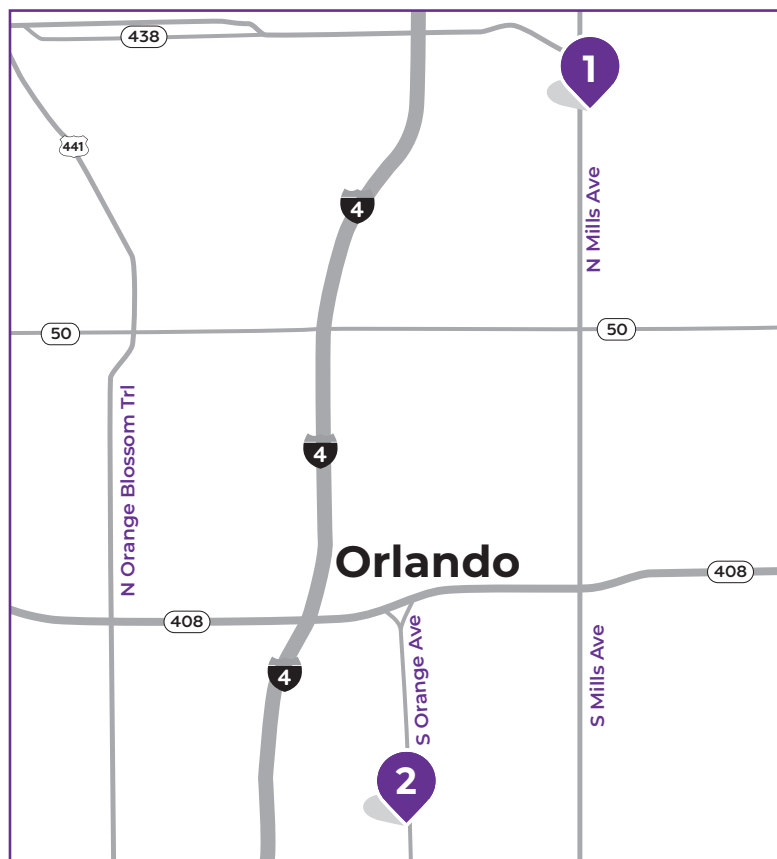
Orlando Area Services and Locations

Services Vary by Location

- 3D Mammography + AI Integration
- SmartCurve™ Comfort
- Screening Mammography
- Diagnostic Mammography
- Breast Ultrasound
- Breast MRI
- Breast Biopsy (Ultrasound-Guided, Stereotactic, or MRI)
- General Ultrasound*
- General MRI
- Bone Densitometry/DEXA

*Ultrasound Instructions

- **Abdomen • Aorta • Gallbladder • Renal • Retroperitoneal**
 - **DO NOT EAT OR DRINK** anything six hours prior to the exam. You may have medications with a sip of water.
- **Pelvic:** No preparation is required.



**1 Women's Center For Radiology |
Solis Mammography Orlando - Mills**
1621 N Mills Avenue
Orlando, FL 32803

**2 Women's Center For Radiology |
Solis Mammography Orlando - Orange**
1718 S Orange Avenue
Orlando, FL 32806