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

SOLIS Mammography
Formerly Miami Breast Institute
1545 San Remo Avenue, Coral Gables, FL 33146

Schedule by Phone **305-403-4930**
Schedule Online **SolisMammo.com/Schedule**
Fax Number **866-366-5798**

Patient Name | DOB | Patient Phone Number

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 w/ additional views and/or Ultrasound if necessary for inconclusive Mammogram
- ◯ Diagnostic Mammogram
- ◯ Diagnostic Mammogram w/ Ultrasound if necessary
- ◯ Diagnostic Breast Ultrasound w/ Diagnostic Mammogram if necessary
- ◯ Screening Dense Breast Ultrasound
- ◯ Breast MRI
- ◯ Ultrasound-Guided Aspiration Possible Core Biopsy
- ◯ Ultrasound-Guided Core Biopsy
- ◯ Stereotactic-Guided Core Biopsy
- ◯ MRI-Guided Core Biopsy
- ◯ Percutaneous Needle Localization

MRI

Contrast ◯ With ◯ Without ◯ With & Without

- ◯ Abdomen
- ◯ Brain
- ◯ Breast
- ◯ Pelvis
- ◯ C-spine
- ◯ T-spine
- ◯ L-spine

MR ANGIOGRAPHY

- ◯ Brain
- ◯ Carotids
- ◯ Renal
- ◯ Runoff
- ◯ Other: _____

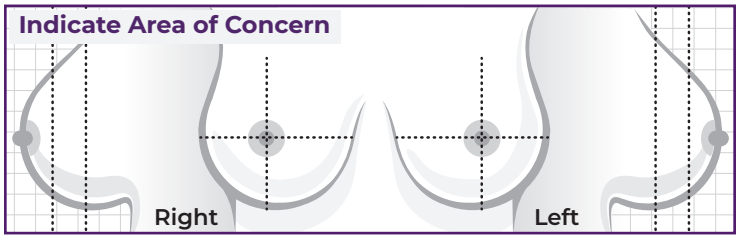
ULTRASOUND

- ◯ Abdomen
  - ◯ Complete
  - ◯ Right Upper Quadrant
- ◯ Bladder
- ◯ Bladder Post Void Residual
- ◯ Pelvic
  - ◯ Transabdominal
  - ◯ Transvaginal
- ◯ Renal
- ◯ Thyroid

BONE DENSITOMETRY

- ◯ DEXA Bone Densitometry

SELECT QUADRANT AND LATERALITY FOR DIAGNOSTIC EXAM



CLINICAL HISTORY, SYMPTOMS OR REASON FOR EXAM (REQUIRED)

ICD-10 CODE For each indicated exam

_____

_____

_____

_____

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

Scan to Schedule

Physician Signature **(Stamped signatures are not allowed)** | Date | Time