

**PATIENT INFORMATION**

Patient Name	DOB	Patient Phone Number
Physician	Date	

**BREAST EXAMINATION REQUEST**

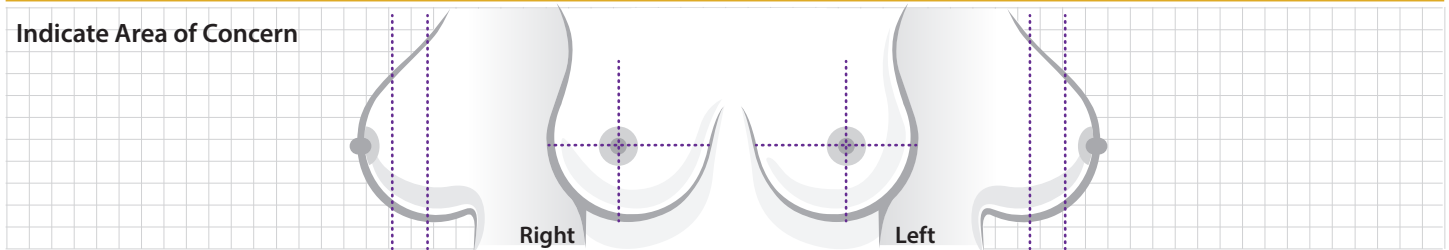
- Screening Mammogram w/ additional views and/or Ultrasound if necessary for inconclusive Mammogram
- 3D (Tomosynthesis) — may be added to any mammography imaging order by request of the patient or by agreement of both the patient and physician.
- Diagnostic Mammogram
- Diagnostic Mammogram w/ Ultrasound if necessary
- Breast Ultrasound
- Breast Cyst Aspiration/Fine Needle Aspiration
- Galactogram
- Breast Biopsy (Ultrasound Guided/Stereotactic)

**Select Reason for Procedure**

- Breast Mass
- Family History of Breast Cancer
- Other \_\_\_\_\_
- Breast Pain
- Personal History of Breast Cancer
- Breast Cyst
- Abnormal Mammogram

**FOR CLINICAL USE ONLY**

**Indicate Area of Concern**



**BONE DENSITOMETRY REQUEST**

- DEXA Bone Densitometry
- DEXA with Vertebral Fracture Assessment

**Select Reason for Procedure**

- Screening for Osteoporosis
- Osteopenia
- Other \_\_\_\_\_
- Post-Menopausal, Natural Status
- Osteoporosis
- Post-Menopausal, using HRT
- Long-term, current, use of Steroids or High-risk Medications

Physician Signature	Date	Time
---------------------	------	------

**Patient instructions and facility address on reverse side.**



Schedule by Phone  
866.717.2551



Schedule Online  
SolisMammo.com



Fax Number  
866.366.5798

### 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.

## Greensboro Services and Location



### OUR SERVICES

- 3D MAMMOGRAPHY
- SCREENING MAMMOGRAPHY
- DIAGNOSTIC MAMMOGRAPHY
- BREAST ULTRASOUND
- BREAST BIOPSY
- BONE DENSITOMETRY



**3D + SMARTCURVE™**  
GREATER ACCURACY  
& COMFORT



### Solis Mammography Greensboro

1126 N. Church St., Suite 200 | Greensboro, NC 27401