		Download extra copies	of this form at: SolisMamr	no.com/about/tools	
		R			
		Schedule by Phone	Schedule Online	Fax Number	
Mammography		nings: 866.717.2551	SolisMammo.com	903.783.0624	
Dr. Steven Clifford	Diagnostic Mammog	rams: 903.784.2571			
PATIENT INFORMATION					
Patient Name	DOB		Patient Phone Number		
Physician	Date				
APPOINTMENT INFORMATION					
Patient has an appointment on		at			
Please contact patient at:	to schedule an appointment.				
BREAST EXAMINATION REQUEST					
 Screening Mammogram w/ additional vie necessary for inconclusive Mammogram 	ws and/or Ultrasound if	O Breast Ultrasound			
 Screening Mammogram 		 Automated Breast U Ultrasound Guided 	, , , , , , , , , , , , , , , , , , ,		
 Diagnostic Mammogram 		 Stereotactic Biopsy 	ыорзу		
O Diagnostic Mammogram w/ Ultrasound if	necessary	\bigcirc Cyst Aspiration			
		 Cyst Aspiration Request for Consult 	ation		
	2D (tomosynthesis)	-			
	5D (lomosynthesis)	is available at this loc	allon.		
Select Reason for Procedure O Breast Mass	O Breast Pain		○ Breast Cyst		
 Family History of Breast Cancer 				 Abnormal Mammogram 	
 Other	,		с на стала на стала у с		
FOR CLINICAL USE ONLY					
Indicate Area of Concern	Right	Left			
BONE DENSITOMETRY REQUEST					
○ DEXA Bone Densitometry	\bigcirc DEXA with Vertebral	Fracture Assessment			
Select Reason for Procedure					
○ Screening for Osteoporosis	O Post-Menopausal, Natural Status		\bigcirc Post-Menopausal, using HRT		
Osteopenia	\bigcirc Osteoporosis	Osteoporosis		\bigcirc Long-term, current, use of Steroids	
○ Other			or High-risk Medication	S	
Physician Signature	Date		Time		

Patient instructions and facility address on reverse side.





Screenings: 866.717.2551 Diagnostic Mammograms: 903.784.2571





PATIENT INSTRUCTIONS

For screening mammograms at 3160 Clarksville St., Paris, TX 75460, please call as soon as possible, and enter the date and time of your appointment below:

Date

Time

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.

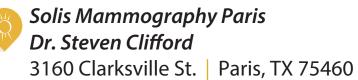
MAMMOGRAM INSTRUCTIONS

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.





Diagnostic Mammograms: 903.784.2571 Screenings: 866.717.2551 Direct Fax: 903.783.0624

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