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Schedule by Phone
866.717.2551



Schedule Online
SolisMammo.com



Fax Number
866.366.5798

PATIENT INFORMATION

Patient Name	DOB	Patient Phone Number
Physician	Date	
Physician Phone	Physician Fax	Physician NPI

LOCATION

- | | |
|--|---|
| <input type="radio"/> Solis Mammography, a department of TriStar StoneCrest Medical Center
537 StoneCrest Pkwy., Suite 202
Smyrna, TN 37167 | <input type="radio"/> Solis Mammography, a department of TriStar Skyline Medical Center
3443 Dickerson Pike, Suite 260
Nashville, TN 37207 |
|--|---|

BREAST EXAMINATION REQUEST

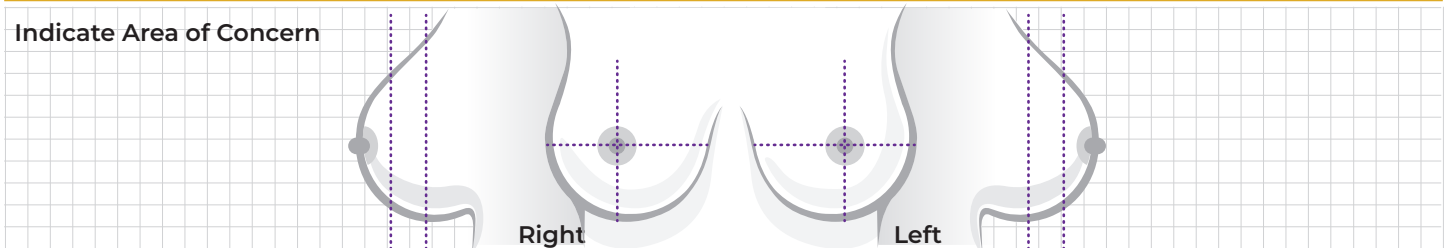
- | | |
|---|--|
| <input type="radio"/> Screening Mammogram w/ additional views and/or Ultrasound if necessary for inconclusive Mammogram | <input type="radio"/> Breast Ultrasound |
| <input type="radio"/> Screening Mammogram | <input type="radio"/> Breast Cyst Aspiration/Fine Needle Aspiration |
| <input type="radio"/> Diagnostic Mammogram | <input type="radio"/> Breast Biopsy (Ultrasound Guided/Stereotactic) |
| <input type="radio"/> Diagnostic Mammogram w/Ultrasound if necessary | <input type="radio"/> Needle Localization |

Select Reason for Procedure

- | | | |
|---|---|--|
| <input type="radio"/> Breast Mass | <input type="radio"/> Breast Pain | <input type="radio"/> Breast Cyst |
| <input type="radio"/> Family History of Breast Cancer | <input type="radio"/> Personal History of Breast Cancer | <input type="radio"/> Abnormal Mammogram |
| <input type="radio"/> Other | | |

FOR CLINICAL USE ONLY

Indicate Area of Concern



BONE DENSITOMETRY REQUEST

- | | |
|--|---|
| <input type="radio"/> DEXA Bone Densitometry | <input type="radio"/> DEXA with Vertebral Fracture Assessment |
|--|---|

Select Reason for Procedure

- | | | |
|--|---|--|
| <input type="radio"/> Screening for Osteoporosis | <input type="radio"/> Post-Menopausal, Natural Status | <input type="radio"/> Post-Menopausal, using HRT |
| <input type="radio"/> Osteopenia | <input type="radio"/> Osteoporosis | <input type="radio"/> Long-term, current, use of Steroids or High-risk Medications |
| <input type="radio"/> Other | | |

Physician Signature	Date	Time
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Patient instructions and facility address on reverse side.



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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.

Nashville-Area Services and Locations



OUR SERVICES

3D MAMMOGRAPHY WITH
SMARTCURVE™
SCREENING MAMMOGRAPHY
DIAGNOSTIC MAMMOGRAPHY
BREAST ULTRASOUND
BREAST BIOPSY
NEEDLE LOCALIZATION
BONE DENSITOMETRY

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Solis Mammography, a department of TriStar Skyline Medical Center
3443 Dickerson Pike, Suite 260 | Nashville, TN 37207

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