







Solis Mammography Wichita Falls 5500 Kell Blvd., Suite 110 Wichita Falls, TX 76310

PATIENT INFORMATION				
Patient Name	DOB		Patient Phone Number	
Physician	Date			
EXAMINATION REQUEST				
necessary for inconclusive Mammogram Screening Mammogram			 Diagnostic Mammogram Breast Ultrasound Breast Biopsy w/ post-procedure Mammogram 	
	hy (tomosynthesis) with	SmartCurve™ is avo	ailable at this location.	
Breast Mass Family History of Breast Cancer Other	Breast PainPersonal History of	of Breast Cancer	Breast Cyst Abnormal Mammogram	
FOR CLINICAL USE ONLY Indicate Area of Concern	Right	Left		
DEXA Bone Densitometry	O DEXA with Verteb	ral Fracture Assessment		
Screening for Osteoporosis Osteopenia Other	Post-Menopausal,Osteoporosis	Natural Status	 Post-Menopausal, using HRT Long-term, current, use of Steroids or High-risk Medications 	
Physician Signature	Date		Time	









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.





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