









PATIENT INFORMATION		
Patient Name	DOB	Patient Phone Number
Physician	Date	
Physician Phone	Physician Fax	Physician NPI
LOCATION		
O Solis Mammography River East		
O Solis Mammography Orland Park		
BREAST EXAMINATION REQUEST	l	
Screening Mammogram. If Radiologist dete	rmines clinically Diagnostic I	Mammogram
necessary, proceed w/ additional views and/o		sound sy (Ultrasound Guided/Stereotactic)
General UltrasoundDiagnostic Mammogram w/ Ultrasound a		sy (Offrasouria Guided/Stereotactic)
SELECT REASON FOR PROCEDURE		
Breast Mass	Personal History of Breast Cancer	
Family History of Breast Cancer Breast Pain) Breast Cyst) Abnormal Mammogram	
FOR CLINICAL USE ONLY		
Indicate Area of Concern		
8		9
	Right	t
BONE DENSITOMETRY		
O DEXA Bone Densitometry	DEXA with Vertebral Fracture Assessment	
SELECT REASON FOR PROCEDURE		
Screening for Osteoporosis	Post-Menopausal, Natural Status	Post-Menopausal, using HRT
Osteopenia C) Osteoporosis	 Long-term, Current, use of Steroids or High-risk Medications
Physician Signature	Date	Time







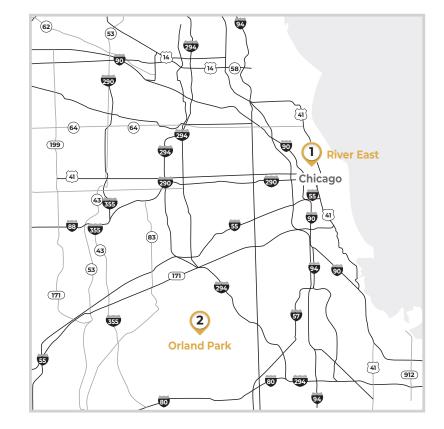




Chicago Services and Locations

Our Services:

- 3D Mammography[™] with *SmartCurve*[™]
- Screening Mammography
- Diagnostic Mammography
- Breast Ultrasound
- Breast Biopsy (Ultrasound Guided or Stereotactic)
- Bone Densitometry



1 River East

Solis Mammography River East

355 E. Grand Ave., Suite 202 Chicago, IL 60611 Providing all services

(2) Orland Park

Solis Mammography Orland Park

314290 S. LaGrange Rd., Suite 4200 Orland Park, IL 60462

Providing all services