
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	

LOCATION

- Chandler
 Glendale
 Paradise Valley
 Phoenix Central

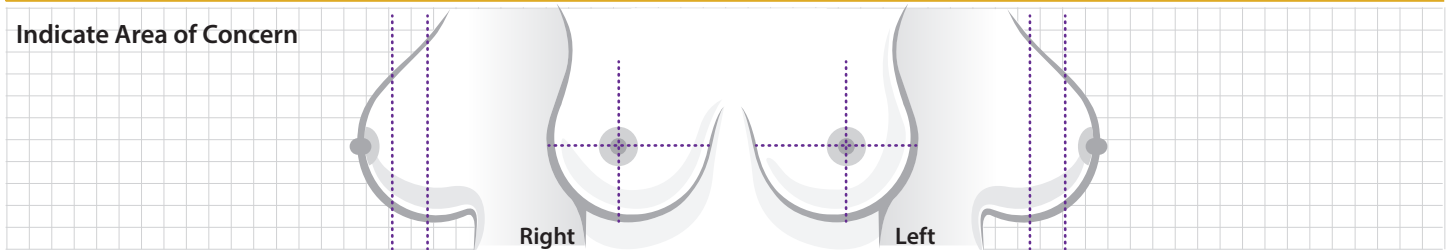
BREAST EXAMINATION REQUEST

- | | |
|---|---|
| <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 Ultrasound for Dense Breasts |
| <input type="radio"/> Diagnostic Mammogram w/ Ultrasound if necessary | <input type="radio"/> Breast Biopsy w/ post procedure Mammogram if needed |
| <input type="radio"/> Diagnostic Mammogram | |

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



DIAGNOSTIC ULTRASOUND REQUEST (Available at Phoenix Central Location only)

- General Ultrasound
 OB Ultrasound

Reason for Procedure/Symptoms: _____

- | | | |
|---|---|--|
| <input type="radio"/> Abdomen, Complete | <input type="radio"/> Nuchal Translucency | <input type="radio"/> Pelvic (Transabdominal and/or transvaginal as indicated) |
| <input type="radio"/> Abdomen, Limited
<input type="radio"/> RUQ <input type="radio"/> RLQ <input type="radio"/> LUQ <input type="radio"/> LLQ | <input type="radio"/> OB | <input type="radio"/> Scrotal/Testicular |
| <input type="radio"/> Abdominal Aorta | <input type="radio"/> Renal | <input type="radio"/> Thyroid |
| | <input type="radio"/> Pelvic (Transabdominal) | <input type="radio"/> Other _____ |

BONE DENSITOMETRY REQUEST

- DEXA Bone Densitometry
 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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Facility addresses and services 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.

ULTRASOUND INSTRUCTIONS

Abdominal or Gallbladder Sonogram:

Do not eat or drink after midnight the night before your morning appointment or for at least 6 hours prior to your appointment. You may take regular medications with water.

Pelvic:

There are no eating restrictions, however you are required to drink 32 ounces of water in order to distend your bladder. You should finish drinking the water one hour prior to the appointment time, and then, DO NOT VOID until your exam is completed.

Thyroid Sonogram:

No preparation necessary.

O.B. Ultrasound / Nuchal Translucency:

Under 20 weeks - Drink 40 ounces of water and have it completed 1 hour prior to exam. DO NOT VOID.

After 20 weeks - A full bladder is not necessary unless bleeding.

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.

OUR SERVICES

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

1 Chandler
Solis Mammography Chandler
2081 W. Frye Road, Bldg. E, Suite 110 | Chandler, AZ 85224

3 Paradise Valley
Solis Mammography Paradise Valley
11220 N. Tatum Blvd., Suite 105 | Phoenix, AZ 85028

2 Glendale
Solis Mammography Glendale
18699 N. 67th Ave., Suite 110 | Glendale, AZ 85308

4 Phoenix (Central)
Solis Mammography Phoenix (Central)
1661 E. Camelback Road, Suite 140 | Phoenix, AZ 85016