



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

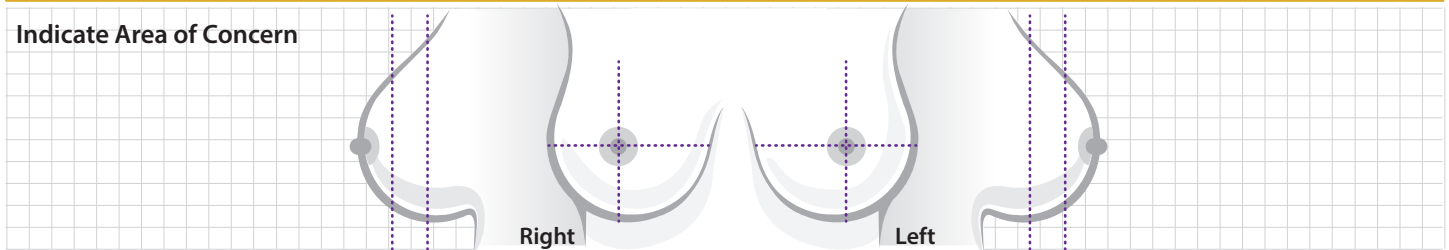
BREAST EXAMINATION REQUEST

- Screening Mammogram w/ additional views and/or Ultrasound if necessary for inconclusive Mammogram Breast Ultrasound
 Screening Mammogram Breast Ultrasound for Dense Breasts
 Diagnostic Mammogram w/ Ultrasound if necessary Breast Biopsy w/ post procedure Mammogram if needed
 Diagnostic Mammogram

Select Reason for Procedure

- Breast Mass Breast Pain Breast Cyst
 Family History of Breast Cancer Personal History of Breast Cancer Abnormal Mammogram
 Other _____

FOR CLINICAL USE ONLY



DIAGNOSTIC ULTRASOUND REQUEST (Available at Phoenix Central Location only)

- General Ultrasound OB Ultrasound

Reason for Procedure/Symptoms: _____

- Abdomen, Complete OB Scrotal/Testicular
 Abdomen, Limited Renal Thyroid
 RUQ RLQ LUQ LLQ Pelvic (Transabdominal) Other _____
 Abdominal Aorta Pelvic (Transabdominal and/or transvaginal as indicated)

BONE DENSITOMETRY REQUEST

- DEXA Bone Densitometry DEXA with Vertebral Fracture Assessment

Select Reason for Procedure

- Screening for Osteoporosis Post-Menopausal, Natural Status Post-Menopausal, using HRT
 Osteopenia Osteoporosis Long-term, current, use of Steroids or High-risk Medications
 Other _____

Physician Signature _____ Date _____ Time _____

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:

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.

Arizona Services and Locations

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