



Schedule by Phone  
866.717.2551

Schedule Online  
[SolisMammo.com](http://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  |   |

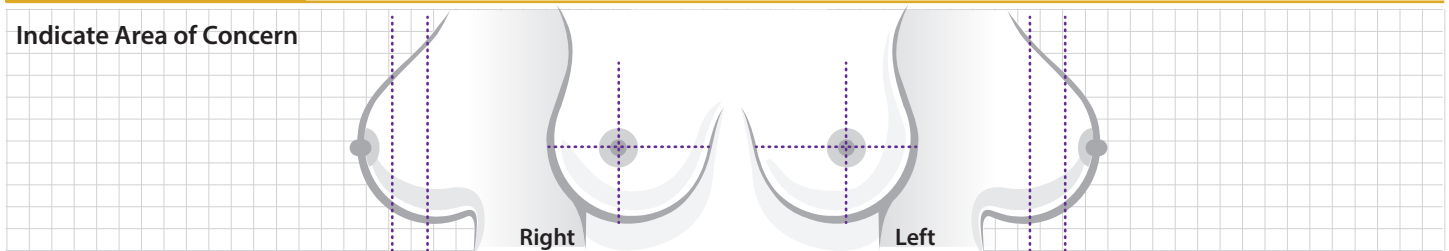
*3D (Tomosynthesis) with SmartCurve™ is currently available at all locations.*

**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**

- 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.

### 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
- 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