



Schedule by Phone
866.717.2551

Schedule Online
SolisMammo.com

Fax Number
866.366.5798

PATIENT INFORMATION

Patient Name _____ DOB _____

Patient Email _____ Patient Phone _____

Referring Physician _____ Phone _____ Fax _____

Patient has an appointment on _____ at _____.

Please contact the patient at _____ to schedule an appointment.

LOCATION

- Columbus**
974 Bethel Road, Ste. F, Columbus, OH 43214
P: (614) 459.7880 F: (614) 459.3860
- Dublin**
5156 Blazer Parkway, Ste. 120, Dublin, OH 43017
P: (614) 791.9355 F: (614) 791.2970

BREAST EXAMINATION REQUEST

- Screening Mammogram w/ additional views and/or Ultrasound if necessary for inconclusive Mammogram
- Screening Mammogram
- Diagnostic Mammogram
- Diagnostic Mammogram w/ Ultrasound if necessary
- Breast Ultrasound
- Breast Cyst Aspiration/Fine Needle Aspiration
- Breast Biopsy w/ Post Clip Procedure (Stereotactic)
- Ultrasound Guided Biopsy w/ Post Clip Procedure

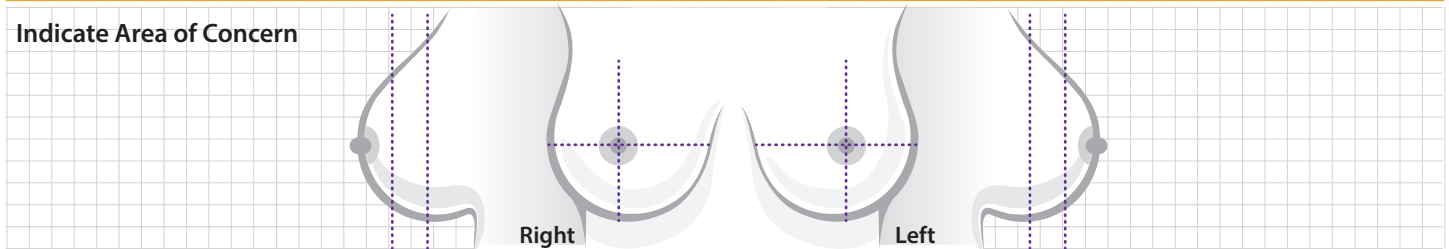
3D (Tomosynthesis) with SmartCurve™ is available at both locations.

Select Reason for Procedure

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

FOR CLINICAL USE ONLY

Indicate Area of Concern



BONE DENSITOMETRY REQUEST

- DEXA Bone Densitometry
- DEXA with Vertebral Fracture Assessment

Select Reason for Procedure

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

Physician Signature _____ Date _____ Time _____

Patient instructions and facility addresses 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.

Ohio Services and Locations

OUR SERVICES

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

1 Columbus
Solis Mammography Columbus
 974 Bethel Rd., Ste. F | Columbus, OH 43214

2 Dublin
Solis Mammography Dublin
 5156 Blazer Pkwy., Suite 120 | Dublin, OH 43017