



Schedule by Phone  
866.717.2551



Schedule Online  
SolisMammo.com/Schedule



Fax Number  
866.366.5798

**PATIENT INFORMATION**

Patient Name

DOB

Patient Phone Number

**PHYSICIAN INFORMATION**

Physician Name (printed)

Physician NPI

Date

Physician Phone

Physician Fax

Practice Name

**A DIAGNOSIS CODE MUST BE PROVIDED FOR THIS ORDER TO BE VALID.  
PLEASE PROVIDE THE NECESSARY CODE FOR EACH STUDY ORDERED.**

**BREAST EXAMINATION REQUEST**

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

**REASON FOR PROCEDURE**

ICD-10 CODE R92.2 - inconclusive mammogram will be used for patient recall exams

**ICD-10 CODE** For each indicated exam

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BONE DENSITOMETRY**

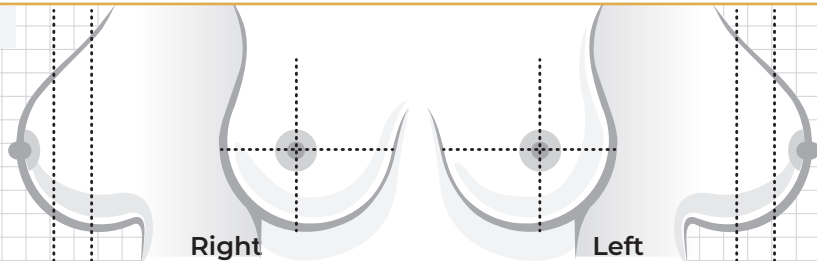
- DEXA Scan
- DEXA VFA
  - \_\_\_ Pathological
  - \_\_\_ Traumatic

**REASON FOR PROCEDURE**

**ICD-10 CODE** \_\_\_\_\_

**SELECT QUADRANT AND LATERALITY FOR DIAGNOSTIC EXAM**

Indicate Area of Concern



**PHYSICIAN SIGNATURE**

Stamped signatures are not allowed

Physician Signature

Date

Time



### 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.

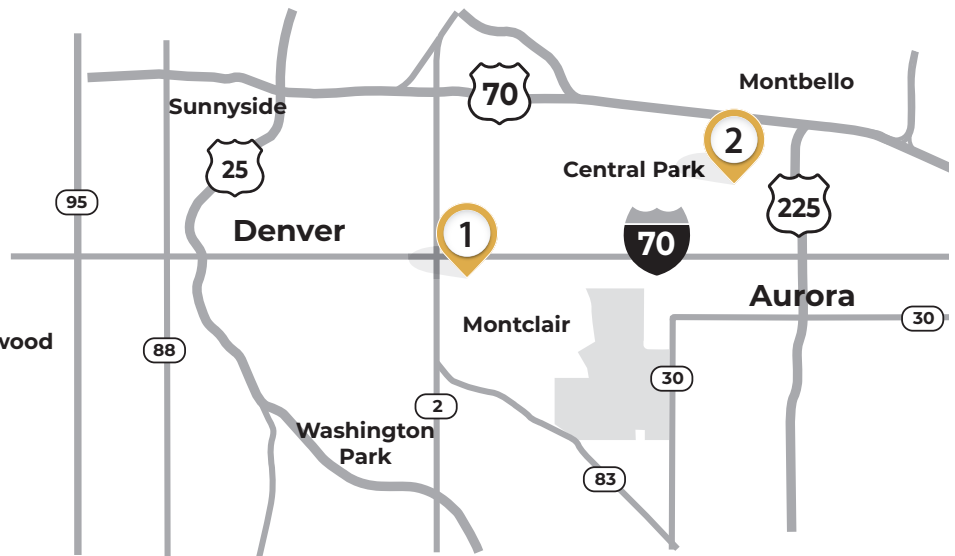
#### BONE DENSITOMETRY INSTRUCTIONS

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.

## Denver Services and Locations

### Our Services:

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



**1** **Solis Mammography, a department of Rose Medical Center**  
4700 E. Hale Pkwy., Suite 450, Denver, CO 80220  
Providing all services

**2** **Solis Mammography Central Park**  
10405 Martin Luther King Blvd., Suite 130, Denver, CO 80238  
3D screening and bone densitometry only