# SOLIS Mammography

**Schedule by Phone**
**866.717.2551**

**Schedule Online**
**www.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 w/ additional views and/or Ultrasound if necessary for inconclusive Mammogram
- ○ Screening Mammogram
- ○ Diagnostic Mammogram
- ○ Diagnostic Mammogram w/ Ultrasound if necessary
- ○ Breast Ultrasound

## REASON FOR PROCEDURE

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

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

_____

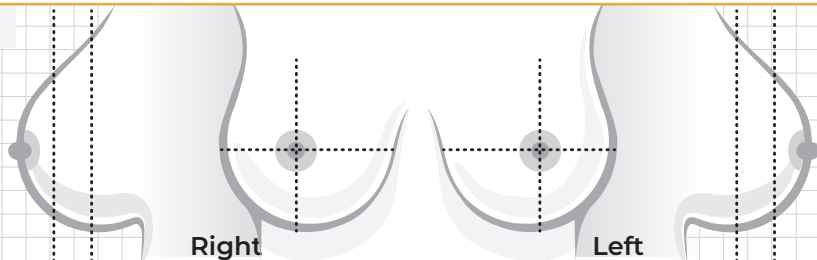_____

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## BONE DENSITOMETRY

- ○ DEXA Bone Densitometry
- ○ DEXA with Vertebral Fracture Assessment

## REASON FOR PROCEDURE

**ICD-10 CODE** _____

## SELECT QUADRANT AND LATERALITY FOR DIAGNOSTIC EXAM

**Indicate Area of Concern**



Right      Left

## PHYSICIAN SIGNATURE

**Stamped signatures are not allowed**

Physician Signature      Date      Time

## Facility address 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.
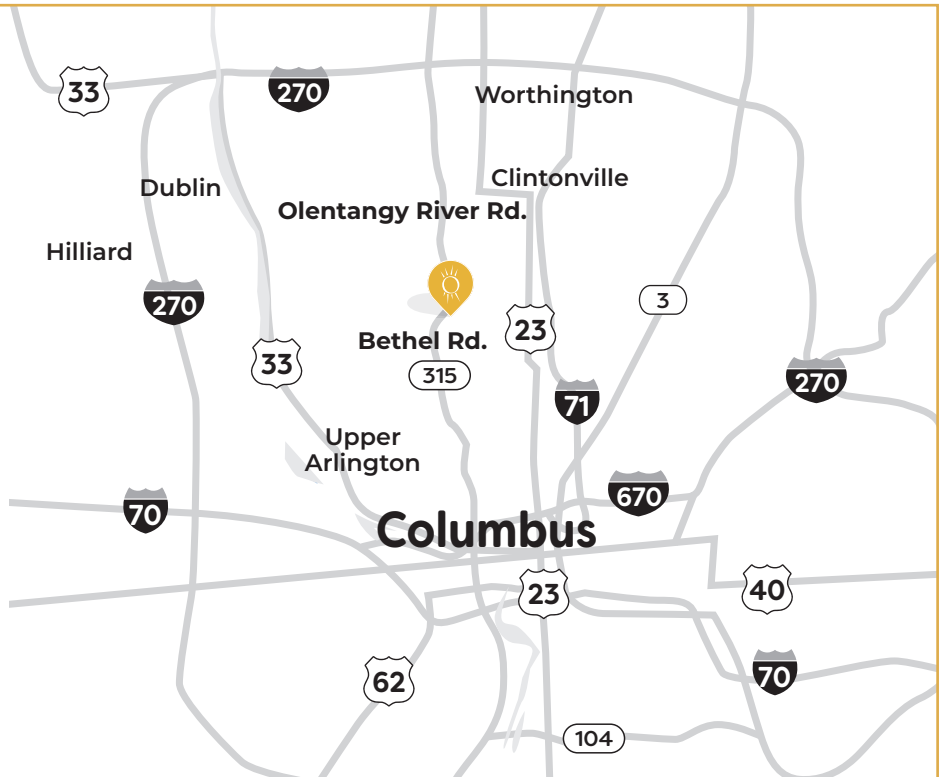
**BONE DENSITOMETRY INSTRUCTIONS**

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.

# Ohio Services and Location

## Our Services:

- 3D Mammography™ + AI Integration
- *SmartCurve*™ Comfort
- Screening Mammography
- Diagnostic Mammography
- Breast Ultrasound
- Bone Densitometry



## Columbus
**Solis Mammography Columbus (Bethel)**
974 Bethel Rd., Suite. F, Columbus, OH 43214
*Providing all services*