*Download this form at: https://www.solismammo.com/physician-resources/referral-pads*

SOLIS Mammography

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 | Date

Physician Phone | Physician Fax | Physician NPI

## LOCATION

- ○ Atascocita/Humble
- ○ Clear Lake/Webster
- ○ Conroe
- ○ Cypress North Cypress
- ○ Cypress Towne Lake
- ○ Houston Cy-Fair
- ○ Houston Memorial Villages
- ○ Houston Healthcare Northwest
- ○ Houston River Oaks
- ○ Houston Vintage Park
- ○ Houston HCA Houston Healthcare West
- ○ Houston The Woman's Hospital
- ○ Katy
- ○ Kingwood
- ○ Montgomery
- ○ Pasadena
- ○ Pearland - West
- ○ Pearland - East
- ○ Sugar Land
- ○ Tomball

## BREAST EXAMINATION REQUEST

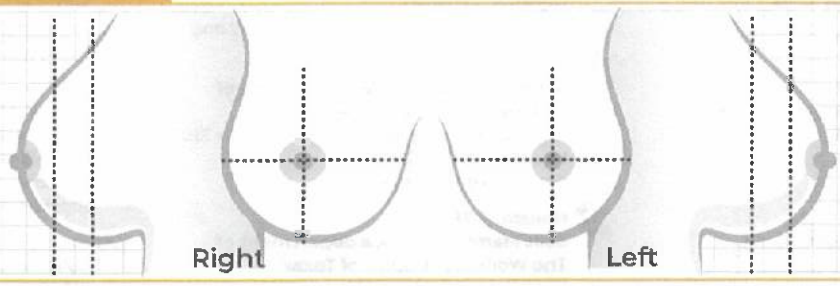
- ○ Screening Mammogram w/ additional views and/or Ultrasound if necessary for inconclusive Mammogram
- ○ Contrast Enhanced Mammography
- ○ Diagnostic Mammogram w/ Ultrasound if necessary
- ○ Breast Ultrasound
- ○ Breast Ultrasound for Dense Breasts
- ○ Breast Biopsy w/ post procedure Mammogram if needed

## SELECT REASON FOR PROCEDURE

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

## FOR CLINICAL USE ONLY

**Indicate Area of Concern**




## BONE DENSITOMETRY

- ○ DEXA Bone Densitometry

## 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

**Facility addresses and services on reverse side.**