

MAMMOGRAPHY FOR PATIENTS WITH BREAST IMPLANTS

Patient's
Initials

_____ Your physician has recommended that you have a mammogram. This procedure is currently the best way to detect a cancer of the breast that cannot be detected by breast palpation (manual examination).

_____ Breast implants can interface with the interpretation of your mammogram because they obscure some of the breast tissue. However, newer techniques that involve displacement of the implants allow for a good examination. To provide adequate displacement of the implant, it is necessary to apply pressure with the mammography machine to the breast and the implant. This pressure may be uncomfortable, but it is essential to the examination.

_____ While thousands of implant patients have undergone successful mammography without problems, there have been reports of occasional rupture of the implants that may not be detected immediately and may require surgical replacement. Although our technicians are aware of this possibility and take utmost care in their technique, you should be aware that there is some risk of a rupture occurring.

_____ Implants that have been in place for a number of years may be more vulnerable. However, since the risk of an implant rupture is far less than the risk of a breast cancer, a mammogram is necessary to protect a woman's health.

I certify that I have read and understand this treatment agreement and that all blanks were filled in prior to my signature.

I authorize and direct _____, M.D., with associates or assistants of his or her choice, to perform the mammography on _____ at _____.
(patient name) (Facility name)

right breast left breast or both

Patient or Legal Representative Signature/Date/Time

Relationship to Patient

Print Patient or Legal Representative Name

Witness Signature/Date/Time

I certify that I have explained the nature, purpose, anticipated benefits, material risks, complications, and alternatives to the proposed procedure to the patient and/or the patient's legal representative. I have answered all questions fully, and I believe that the patient/legal representative (circle one) fully understands what I have explained.

Radiologist's Signature/Date/Time

_____ copy given to patient

_____ original placed in chart

SAMPLE