

## **Consent for Mammogram with Implants**

Patient Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

*The following has been explained to me in general terms and I understand that:*

1. The diagnosis requiring this procedure is to:  
*Perform quality Mammography*

2. The nature of this procedure is to:  
*Perform Mammography with implants*

The compression device should literally pull a maximum amount of breast tissue away from the chest wall where the implant is placed onto the image receptor, and immobilize the tissue adjacent to the implant and/or chest wall for all views. Good compression maximizes the amount of breast tissue imaged, immobilizes the breast, reduces the amount of scattered radiation, and facilitates the distinction between less dense benign structures and denser malignant lesions. Vigorous compression enables precise evaluation of fine calcification for better image quality.

3. The purpose of this procedure is to:  
*Perform a good image quality low dose mammogram exam on those patients with any form of implant prosthesis.*

4. Material risks of this procedure are:  
*As a result of this procedure there may be material risks of slight breast tenderness due to adequate vigorous compression. There is a slight risk of implant rupture.*

5. Practical alternatives to this procedure include: N/A

6. It is our judgment that refusal to consent to the performance of this diagnostic procedure will not necessarily influence prognosis other than to possibly withhold diagnostic information from the referring physician.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I understand that the physician, medical personnel, and other assistants will rely on statements about the patient, the patient's medical history and other information to determine whether or not to perform the procedure, to determine the course of treatment for the patient and in order to recommend the procedure, which has been explained to the patient.*