



Mammography Department

CONSENT FOR MAMMOGRAPHY & PATIENT ADVISORY

Mammography is currently the most accurate method to detect breast cancer. However, Mammography does not detect all breast lumps or breast cancers, and breast ultrasound does not detect all solid masses or breast cancers. A monthly self-breast exam as well as an annual breast exam by a qualified health care practitioner is recommended. Note: If you have not had a recent breast exam by your physician or nurse practitioner, we recommend that you do so.

If you have breast implants, please advise the technologist, as breast implants require a special type of exam that includes more pictures than mammograms done on women without implants. This is because the implant obscures some of the breast tissue and can make interpretation more difficult. As with all mammograms, some compression is necessary to obtain the best exam possible. In pictures with implants, compression will be used to attempt to prevent motion from occurring which could blur/degrade the image. To see the breast tissue in front of the implant, compression will be applied, possibly causing some discomfort for a few seconds as can be the case with any mammogram. Problems caused by compression or moving the implant are rare but cannot be excluded, especially for older or weakened implants. It is not unusual for an implant rupture that was not felt by you or by your physician to first be noticed on mammogram. Since this risk of rupture caused by the mammogram procedure is very low and the risk of breast cancer is greater, we hope you understand the benefit of early detection and proceed with your mammogram.

By signing below, I certify that (a) I have read this document; (b) I understand the risks and hazards outlined herein and the extent of my authorization being provided by signing below, (c) I have been given an opportunity to ask questions about the procedure and the information contained in this document and any such questions have been answered to my satisfaction, and (d) I believe I have sufficient information to give this informed consent. I voluntarily consent and authorize BMX Imaging Center to perform my mammography exam.

PATIENT'S SIGNATURE: _____

D.O.B.: _____ TODAY'S DATE: _____