

INFORMED PATIENT CONSENT FOR MAMMOGRAM

Name _____ DOB _____

Address _____

Patient Information

Your doctor has requested us to perform a mammogram. It is important that you understand the procedures that are associated with this examination:

- Although mammography is still the single best method to detect breast cancer, it is not perfect. Approximately 15% of cancers require extra tests for detection.
- If you have a breast prosthesis or implant, some compression is applied to the breast which may lead to rupture to the implant, although this is uncommon.

Questionnaire

Are you pregnant or breast feeding? ☐ Yes ☐ No

Are you using or have used HRT? ☐ Yes ☐ No

Do you have any family history of breast cancer? ☐ Yes ☐ No

If yes, state the relationship _____

Reason for having this mammogram _____

Date of previous mammogram or breast ultrasound if any _____

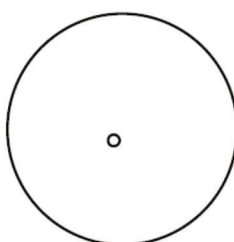
Are these films available for comparison? ☐ Yes ☐ No

If you have ever had breast surgery, mark the area of the surgery and year on the diagram.

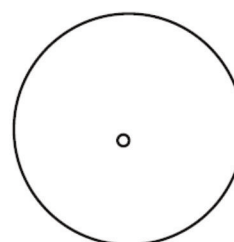
☐ Enlargement

☐ Reduction

☐ Lump Removal



Right



Left



Patient Consent

I read the above explanation and understand and accept the procedure. I hereby consent to the performance of a mammogram.

Signature _____ Date _____
(Patient)

Name _____
(Interpreter if present)

Signature _____ Date _____
(Interpreter if present)