Your physician has recommended that you have a mammogram. This procedure is currently recommended for breast cancer screening and can detect abnormalities that are unable to be palpated (detected by manual examination).

Breast implants can interfere 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 better examination. To provide adequate displacement of the implant, it is necessary to apply pressure to the breast and implant with the mammography machine. This pressure may be uncomfortable, but it is essential to optimize the examination.

There is a risk of rupture upon displacement of the implants. Implants that have been in place for a number of years may be more vulnerable to rupture. However, since the risk and possible consequences of implant rupture is far less than the risk of breast cancer, a mammogram is necessary. Despite the risk, it is to protect a woman’s health.

These procedures and/or treatment, including the anticipated benefits and alternative therapies, risks, and side effects of the patient’s proposed care, treatment, and services; the likelihood of the patient achieving his or her goals; and any potential problems that might occur during recuperation were explained to my satisfaction by the physician in charge, including but not limited to the following risks and alternatives:

Rupture of implants and discomfort

I have read this consent. I had an opportunity to talk with my technician about risks, benefits, potential complications and alternatives to the procedure and had my questions answered.

If you have any issues or questions, please ask your technician before you sign this form

☐ I consent to have the mammogram performed after reading the information above.

☐ I DO NOT consent to have a mammogram. I have been advised of the risks of my decision not to have the mammogram.

Patient Signature: ___________________________ Date: ________ Time: ________

I certify that I have discussed the risks and benefits with the patient. I have offered to answer any questions regarding this mammography. I believe that the patient understands the explanation and answers provided; as well as, the risks and benefits.

Technologist Signature: ___________________________ Date: ________ Time: ________