CONSENT FOR MAMMOGRAPHY WITH IMPLANT(S)

Breast implants present a special challenge for Mammography. The following risks apply when implant(s) are present:

1- The implant may hide a breast Cancer, possibly preventing detection with Mammography.

2- Despite proper procedures, damage and/or movement of implants are recognized risks with Mammography. If movement or rupture of the implant occurs, surgery may be required. Neither PINK Breast Center nor its staff or physicians can be held responsible for any damage to the implants as a result of the Mammogram.

3- To minimize these risks, the Mammogram will be performed in compliance with the American College of Radiology (ACR) standards for exams performed on women who have breasts implants in general. Four (4) views of EACH breast will be performed as described below:

a. The first set of images will be taken using the standard ACR recognized techniques. The breast, along with the implant will be lightly compressed.

b. In the second set of images, the breast tissue will be pulled forward and away from the implant, so that more breast tissue can be visualized.

c. Occasionally, additional views are needed to better visualize a certain area.

I understand the risks associated with having a Mammogram with breast implant(s) and desire to have a Mammogram performed. This consent provides information related to the risks associated with Mammography with breast implant(s) and does not offer advice with respect to whether the breast implant should be removed.

My signature on this consent form indicates that (1) I have read and understood the information provided in this consent; (2) I authorize and consent the performance of this procedure; and (3) I have been informed about this procedure risks and had the chance to ask questions.

Patient, Relative or Guardian Witness (print): _______________________________________________________

Signature: __________________________________________________________ Date: ____________________________