



**Consent for mammography exam for patients with breast implants**

You are here to have a mammogram, an x-ray examination of your breast. We understand that you have breast implants. The presence of the breast implant may obscure some of your breast tissue which can interfere with the detection of some forms of breast cancer. There is a remote possibility that the compression and manipulation used to perform this study could damage or rupture your implant(s). If you have any questions regarding these or any aspects of mammography, please ask the technologist prior to signing this form.

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

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

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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

**Technologist Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_