H I G H R E S O L U T I O N

**CONSENT FORM FOR BREAST IMAGING
IN PATIENTS WITH BREAST AUGMENTATION**

<u>**Patient name (please print):**</u>_____*DOB:*_____

I acknowledge that breast imaging can be a useful diagnostic tool for the detection of breast cancer in patients with or without breast augmentation, but that it is not perfect and may not detect all breast cancers. I understand that I must tell the technologist before the examination that I have breast implants. I understand that breast implants can interfere with the interpretation of the imaging studies because they can obscure some of the breast tissues. I also understand that in order to provide adequate displacement of the implant to obtain a better view of the breast tissues, it will be necessary to apply pressure to the breast and the implant. This pressure may be uncomfortable, but is essential to the examination.

I acknowledge that the process presents potential risks. I understand that most patients with breast augmentation undergo successful imaging and without complication, but that there is a possibility that a breast implant(s) may be damaged, may leak or may rupture during the examination. The damage or rupture may not be immediately detectable and may require surgical replacement of the implant. I understand that old or weakened implants may be more susceptible to damage or rupture as a result of the procedure. This is an extremely rare occurrence but cannot be ruled out, as the condition of the implant cannot always be verified prior to the examination.

In addition, I understand that, in patients with breast augmentation, more imaging may be necessary and, therefore, women with breast implants may receive more radiation than women without implants.

I have been given an opportunity to ask questions about breast imaging and this consent form, and I acknowledge that my questions have been answered.

I hereby willingly give my consent to perform breast imaging *and subsequent imaging*.

Patient's signature _____ **Date** _____

Signature of other responsible person _____

Relationship to the patient _____

Signature of witness _____