

Reference (WDpsiMed#): _____

MAMMOGRAPHY DISCLOSURE AND CONSENT:

Today's Date ___/___/___ Patient's Name: _____

Last 4 Digits of SSN _____ Date of Birth: ___/___/___ Age: _____

I understand:

- Annual Clinical Breast Examination (CBE) by my healthcare provider is an important part of breast screening.
- Mammography is part of a complete breast screening examination.
- Mammography can detect most but not all cancers.
- If I have a breast lump or other changes in my breast tissue, I should consult my healthcare provider.
- A board certified radiologist who specializes in interpreting mammograms and/or diseases of the breast will read my mammogram.
- A technologist qualified to perform mammography will administer my mammogram.
- I should receive the results of my mammogram within 30 days. If I do not receive written results of my mammogram within 30 days I will call my healthcare provider.
- The report of my mammogram will be sent to my referring physician and/or primary care provider.
- If a specialist or an additional physician will need a copy of your mammogram report, please complete all necessary information below:

Name of specialist: _____

Specialist Address: _____

Specialist phone number: _____

Signature of Patient: _____