



**Wake Internal  
Medicine Consultants, Inc.**  
THE TRIANGLE'S PREMIER MULTI-SPECIALTY CLINIC

## Consent for Mammography For Patients with Breast Implants

You are here to have a mammogram, an x-ray examination of your breast(s). We understand that you have a breast prosthesis or implant. The presence of the 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 the information contained in this form and have been advised of the risks involved in having a mammogram with breast implants present.

I consent to the performance of a mammogram study.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Record Number