

Date of Last Mammogram and Facility if not here: _____

- If your previous mammograms are not with *Radiology Associates*, it is most important for comparative Interpretation by the Radiologist, that we obtain them. By providing the information and signing below, we will try to obtain the films for you.

_____ Your name at that time of Exam

SS# _____ DOB _____

_____ Your Daytime Phone Number

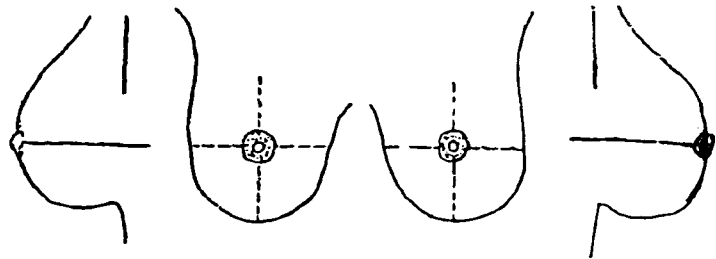
_____ The Doctor who received the report

- **Radiology Associates of Tarrant County correlates all abnormal mammograms with pathology reports resulting from biopsy. By signing below, I am authorizing mammograms with pathology reports and information pertaining to them from my Healthcare Provider or his/her Associate, or any Facility performing a breast biopsy or procedure.**
- Mammography is done with a special x-ray machine that requires compression of the breast tissue. Although rare, a defective or old implant may deflate or rupture in patients who have had Breast Augmentation (Breast Implants).
- Although Mammography is the most reliable method of detecting breast cancer while it is still early and too small to be felt, a mammogram does not detect 100% of breast cancers. Some cancers may be detected only on physical examination and/or breast self-examination.
- If you think you may be pregnant, please inform the Mammographer.
- I understand that the examination I am having involves radiation and that radiation may cause injury to the unborn fetus, although the likelihood of such injury is slight. My Physician feels that the information to be gained from the examination is important to my health, and I therefore wish to have the X-Rays and/or scan performed.

Signature of Patient

Date

For Registered Mammographer Notes Only:



Mammographer