



# Breast Imaging Procedure Consent Form

Specialists

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**Dipa H. Patel, MD**



Name:

Date of Birth:

Have you taken any blood thinners (aspirin, ibuprofen, coumadin) within 7 days?

**Y**  **N**

Do you have allergies (medications, latex, iodine contrast) or impaired kidney function from diabetes, high blood pressure or kidney failure?

**Y**  **N**

You will be undergoing the following breast procedure :

**Ultrasound guided & clip placement**

**Stereotactic guided core biopsy & clip placement**

**Decline clip placement.** I understand that if there is a positive finding, the area of interest may be not found for excision, chemotherapy or other imaging guidance and treatment. **Initial:** \_\_\_\_\_

**Cyst aspiration**

**Abscess Drainage**

**Wire placement for lesion localization**

**Contrast Enhanced Mammography (CEM)**

Core biopsy procedures are performed to obtain a small amount of tissue in order to evaluate the abnormality seen on mammogram or ultrasound. A titanium marker will be placed per standard of care. Your alternative to core biopsy is surgical excision.

Wire localization is performed to mark an area of concern which cannot be felt that requires surgical excision or establishing imaging concordance.

Cyst aspiration, fine needle aspiration (FNA), or abscess drainage is performed with a thin needle placed under ultrasound guidance. Aspirate will be drawn out with a syringe and discarded unless further testing is needed which will be determined on a case by case basis.

CEM is an FDA approved procedure to show tumor enhancement using an iodine based contrast agent in known malignancy to identify additional tumor, other diagnostic work up or in high risk patients for screening.

Your signature on this form indicates that you were given verbal and written explanation of the procedure, it's benefits and alternatives, and you understand the risks and benefits of the procedure which you are undergoing. This signature also acknowledges that you have had the opportunity to ask questions, read provided materials, and that you authorize and consent to the procedure being performed. The risks of the procedure are bleeding (usually minor but in some rare instances excessive bleeding requiring further care), infection, missed lesion, and implant rupture. All procedures are performed under aseptic technique. Lidocaine local anesthesia buffered with bicarbonate for topical anesthesia is given for all procedures unless declined.

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

Date:

Witness: \_\_\_\_\_ Translator: \_\_\_\_\_