



CONSENT AND DISCLOSURE FORM

BREAST BIOPSY

To the patient: You have the right, as a patient, to be informed about your condition and the recommended diagnostic procedure to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. The disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

I (WE) voluntarily request Dr. _____ as my physician and such associates, technical assistants, and other healthcare providers as they may deem necessary to treat my condition which has been explained to me as:

I (WE) understand that the following surgical, medical, and/or diagnostic procedures are planned for me and I (WE) voluntarily consent and authorize these procedures.

- | | |
|---|--|
| <input type="checkbox"/> Ultrasound-guided biopsy | <input type="checkbox"/> Cyst aspiration |
| <input type="checkbox"/> Stereotactic biopsy | <input type="checkbox"/> Ductogram |
| <input type="checkbox"/> MRI-guided biopsy | <input type="checkbox"/> Sentinel node injection |
| <input type="checkbox"/> Wire localization | <input type="checkbox"/> Other |

I (WE) further understand that the risks and potential complications of the procedure are minimal and have been explained to me as:

1. Bleeding and/or bruising at the procedure site.
2. Infection, possibly requiring antibiotics and/or surgical drainage.
3. Allergic reactions to iodine solutions, adhesive tape, latex, local anesthetics, and/or antibiotic ointments.

I (WE) understand that should the report of the biopsy findings be inadequate to explain the clinical and/or imaging findings of concern, it may be necessary to undergo further evaluation, which might include short-interval clinical and/or imaging follow-up, a second core biopsy, or surgical biopsy.

I (WE) stipulate that I have no known allergies to the products used in the procedure as they have been explained to me and I have informed the staff of my allergies as detailed below:

List of allergies: _____

I (WE) have been given an opportunity to ask questions about my condition, alternative forms of anesthesia and treatment, risk of non-treatment, the procedure used, the risks and hazards involved, and I (WE) have sufficient information to give this informed consent.

I (WE) certify this form has been fully explained to me, that I (WE) have read it or have had it read to me, that the blank spaces have been filled in, and that I (WE) understand its contents.

Patient: _____ / _____
(Patient or legally responsible party) (Relationship to patient)

Witness: _____ **Date:** _____
(Name)



BIOPSY INSTRUCTIONS

1. Patients scheduled for a biopsy must **STOP** anticoagulants (*Aspirin, Coumadin, Advil, Motrin, Excedrin or fish oil*) **1 week prior** to their procedure. If you are unable to stop medications, a radiologist will speak to the referring physician for special instructions.
2. Please wear a comfortable, two piece outfit. A button down blouse may be more comfortable for you following the procedure. Please wear or bring a good support bra. A sports bra is ideal but not mandatory. The more supportive the bra, the less swelling you will have post procedure. We will often instruct you to sleep in your bra the first night to help with swelling or any discomfort.
3. You may have a normal breakfast and light lunch but please **AVOID DAIRY** products.
4. Please bring someone with you to drive home. You will not be put to sleep however we prefer you not drive after the procedure, this is to prevent overuse of the affected arm immediately after the procedure.
5. Written post procedure instructions and office contact numbers will be given before leaving the facility.

YOUR APPOINTMENT IS SCHEDULED FOR:

DATE: _____ **TIME:** _____ **AT THE LOCATION BELOW.**

PLEASE ARRIVE FOR YOUR APPOINTMENT AT: _____.

If you have any questions or concerns prior to your appointment please contact the number below and request the Mammography Department. Someone will be glad to help you.

*Envision Imaging at Pennsylvania
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