

Hudson Valley Diagnostic Imaging P.C.

CT, Ultrasound, X-ray, Bone Densitometry and Mammography

Andrew Lewis M.D. Radiologist

FACILITY _____

INFORMED CONSENT FORM

- I give my consent for the taking of this mammogram (breast X-ray).
- I understand that mammography is recognized as the most valuable test in detecting early breast cancer.
- I understand that although mammography is highly accurate some lesions are not detected by mammography and that subtle lesions may not be detected early on in a series of mammography studies.
- I am 35 years or older. I am not pregnant or breast-feeding.
- I authorize Andrew M. Lewis, *Hudson Valley Diagnostic Imaging P.C.* to obtain any and all medical records in the unlikely even that an abnormal mammography has occurred. This follow up procedure has been established by the American College of Radiology and is an important part of proper patient care.
- I authorize Andrew M. Lewis, *Hudson Valley Diagnostic Imaging P.C.* to gather my prior mammography films for a comparative reading.

Signature _____ Date _____

Printed Name: _____ DOB: _____

MR: _____

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