McLaren
FLINT

NOTICE TO PATIENTS REGARDING MAMMOGRAPHY SERVICES

The purpose of this form is to acknowledge the type of imaging that may be used for your exam today, *Digital Mammography* or *Digital Mammography with 3D imaging*.

Please read this notice so you are able to make an informed decision about your care. If you need clarification of the information, the technologist can review the imaging options with you.

Breast screening with 3D (Tomosynthesis) technology, is a compliment to 2D digital mammography and has a higher cancer detection rate than digital mammography alone. Advantages of 3D are improved clarity due to the images produced, allowing the radiologist to view thin slices one millimeter at a time. Studies show that 3D technology improves detection of breast cancers and has a significant reduction in callback rates which can reduce a lot of anxiety and inconvenience, as well as unnecessary follow-up testing like biopsies, making it a better option all around.

3D imaging is recommended for all women, but is especially helpful for the following patients:

- Baseline (first) Mammogram.
- Dense Breast Tissue.
- Diagnostic Mammogram (area of concern that has been found upon exam).
- Medical History that puts you in a High Risk Category for Developing Breast Cancer.
- History of Breast Cancer.

You may request 3D imaging or your Physician may have ordered it, but please be advised that some insurance plans do not cover the 3D portion of the exam. The cost of 3D Tomosynthesis is $120.51.

Please mark 1 of the 2 boxes below and sign at the bottom of the page.

I, _____, have read this notice and I am opting to:

☐ **Accept 3D Imaging as part of my mammogram, knowing it will be billed separately and that I am responsible for any associated technical or professional fees not covered by insurance plan**

☐ **Decline 3D Imaging and have a Conventional Digital Mammogram Only (You may be called back if additional diagnostic imaging is recommended).**

Patient Signature: _____ Date: _____ Time: _____

Witness: _____ Date: _____ Time: _____

Thank you for choosing the McLaren Flint Imaging Center for your Breast Care Needs!