

McLaren Print System Order

Order No: 86953
Order Date: 2024-07-15
Order Request Date:
User: TyAnn Ripley
Phone: (517)975-6426

Ship Location: McLaren Greater Lansing/Breast Imaging Center-Attn:Ty
2900 Collins Rd
Lansing, MI 48910

Brochures
Quantity: 2500
Paragon Dept No: 27245-2885
Dept Name: Breast Imaging Center
Company Number:

Order Total Price: 75.50

Item Number: MGL-077 (655-85)
Item Description: NOTICE MAMMOGRAPHY SERVICES Form
Revision Date: 04/2024
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Poster:
Misc Info: 8.5x11 Black SS



NOTICE TO PATIENTS REGARDING MAMMOGRAPHY SERVICES

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

Please take the time to read this notice as we will be asking you to sign it when taken back for your mammogram. If you want more clarification, please let a technologist know and they'll gladly review the imaging options with you.

Breast Tomosynthesis, often referred to as 3D or 3 Dimensional Mammography is a revolutionary breakthrough in breast cancer detection. It enables the radiologist to see breast detail as never before possible. Through clinical studies, tomosynthesis has proved to be superior to conventional digital mammography alone, improving breast cancer detection by nearly 40%.

Digital Mammography with 3D imaging is recommended for all women, but is especially helpful for the following patients.

- Baseline (first) mammogram
- History of breast cancer
- Dense breast tissue
- Diagnostic Mammogram (an area of concern has been found upon physical examination)
- Medical history that puts you in a high-risk category for developing breast cancer.

Any patient can request Digital Mammography with 3D imaging, but please be advised that many insurance carriers do not cover the 3D portion of the exam.

You have two options:

_____ Undergo 3D imaging (Breast Tomosynthesis) 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 my insurance plan.

_____ Decline 3D imaging (Breast Tomosynthesis) and undergo a conventional 2D Digital Mammogram only. (Note: You may be called back if additional mammographic diagnostic imaging is recommended.)

Patient printed name: _____

Patient Signature: _____ Date: _____ Time: _____

Witness: _____ Date: _____ Time: _____

Thank you for choosing McLaren Greater Lansing for your breast care needs.

Spec Info:



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