



## INFORMED CONSENT - MRI BREAST EXAM

Patient Name: \_\_\_\_\_ Medical Record #: \_\_\_\_\_

Imaging Center: \_\_\_\_\_ Date: \_\_\_\_\_

### Patient Information:

We have been asked to perform a magnetic resonance (MR) imaging exam of your breasts. This specialized study is usually done for a breast lump or mammographic finding thought to possibly be cancer, or to define the extent of a known breast tumor.

Listed below are some of the advantages and limitations of this exam.

#### Advantages and Limitations:

Breast MRI can often detect breast cancers down to about 3-5mm in diameter (the size of a pea), even when mammograms or physical exam are normal; however, tumors smaller than 3mm can be missed. Rarely larger cancers, which do not take up the MRI contrast material well, may not be detected. Also, some benign breast disorders may look like cancer and may then require ultrasound or biopsy for final diagnosis.

Some forms of noninvasive breast cancer called ductal carcinoma in situ (DCIS) or lobular carcinoma in situ (LCIS) may not be detected by this exam, but may be seen on mammograms or on the pathology slides from a biopsy or surgery. Therefore, mammograms remain very important for diagnosis and, especially, follow-up.

MRI of the breast, when used together with mammography and breast exam, can help improve breast cancer diagnosis. As a result, insurance coverage for cancer-related breast MRI has been generally favorable.

This exam may show the lymph nodes under the arm and in the chest; although some of these may appear normal, they may still contain tumor when examined by the pathologist's microscope. High-resolution ultrasound is usually done after the MRI to check areas seen on the MRI exam.

### Patient Attestation:

My signature on this form indicates that I have:

1. Read and understood the information provided in this form;
2. Authorize and consent to the performance of this procedure;
3. Have been informed about this procedure and had a chance to ask questions.

**I understand that emergency or follow-up care, if needed, is the direct financial responsibility of the patient receiving additional 3rd party services (ambulance transport to a hospital, 911 call, medical care, etc.).**

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

If patient is a minor or has a legal guardian:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Title: \_\_\_\_\_

(Technologist, Radiologist or RN)