



Mammography (X-Ray of the breast)

■ Questionnaire:

Do you have complaints? no / yes which ones? _____

Previous surgery of the breast? no / yes when? _____

Cancer of the breast or ovaries in your family or yourself? no / yes

- | | |
|--------------------------------------|---------------------|
| <input type="checkbox"/> myself | at the age of _____ |
| <input type="checkbox"/> mother | at the age of _____ |
| <input type="checkbox"/> sister | at the age of _____ |
| <input type="checkbox"/> daughter | at the age of _____ |
| <input type="checkbox"/> father | at the age of _____ |
| <input type="checkbox"/> grandmother | at the age of _____ |
| <input type="checkbox"/> aunt | at the age of _____ |
| <input type="checkbox"/> cousin | at the age of _____ |
| <input type="checkbox"/> _____ | at the age of _____ |

Are you in use of hormones? no / yes (pills/patches): _____

Previous mammographies (Screening)? No /yes where and when? _____

Are you pregnant? no / yes

■ Data protection and confidentiality:

According to medical professional regulations and laws (SGB V) we are obliged to report the result of the examination to your referring doctor. All extern service providers with contact to personal data are subject to the duty of silence.

■ Declaration of consent:

I agree with the implementation of the mammography.

 yes: no:

In case of inexplicit diagnostic findings I agree, that Radiologie Betzdorf can order previous examinations for the case of comparison (images and medical reports) in other practices and I allow them to archive them.

 yes: no:

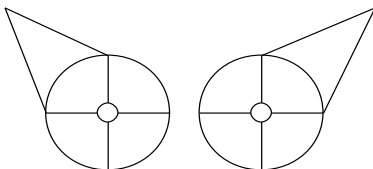
I agree with the sending of my findings reports to my to my referring doctor and my general practitioner.

 yes: no:

You can revoke the declaration of will any time by written notice.

Date _____

signature _____



- Chemotherapie _____
- Bestrahlung _____
- antihormonelle Therapie _____
- Indikation/Besonderheiten _____

Aufnahme	kV	mAs
re. cc.		
li. cc.		
re. obl.		
li. obl.		
MTA		

Rechtfertigende Indikation gestellt.

Unterschrift des **Arztes**: _____



Patient information: Mammography (Y-Ray of the breast)

Name: _____


Your treating doctor has recommended for you a mammography. In case of pain or other noticeable problems of the breast, like palpable knots, this examination is the most important investigation technology. If you already diseased with cancer of the breast a mammography is the most important examination for aftercare.

■ **How works a mammography?**

Your breast will be compressed more or less painless in the X-Ray apparatus, so that even very fine structures can be estimated and the radiation dose stays low. The compression of the breast is not dangerous. Generally there will be taken 2 images of each breast. This will take only a few seconds.

Eventually your doctor recommended an additional ultrasound of the breast. Generally we pass this subsequent to the mammography. In some cases the need of an ultrasound only turns out to be necessary after the mammography.

After the examination a doctor explains to you the results and gives his evaluation of the diagnosis.

 ***Please keep in mind, that we as radiologists don't give any recommendation for treatments. Your attending doctor (referring doctor) will inform you of useful therapies.***

After the consultation of the doctor please take a seat in the waiting area. We will pass you unrequested the CD with your images.

■ **What sort of complications are possible?**

Only in exceptional cases.
If you are in use of blood-thinner, there is the very rare possibility of bruises.

Our modern mammography-apparatus only uses a very low radiation dose.

We are radiation protection specialists. You can be sure, that we will check the need of your examination.

If you need further information of the radiation, please ask us before the examination.

Please inform us immediately if you are pregnant or of the possibility of pregnancy. In case of pregnancy a mammography is contraindicated and not allowed.

■ **Rejection of examination**

If you reject the mammography you risk disadvantages of your health. Therapies/surgeries are possibly delayed or not done at all.

■ **Data protection and confidentiality**

According to medical professional regulations and laws (SGB V) we are obliged to report the result of the examination to your referring doctor. All extern service providers with contact to personal data are subject to the duty of silence.

In several cases the alterations of the structure of the breast can only be finally judged by knowing preliminary investigations.

If you have been treated the first time here with us it may be necessary, that we order images or consultations from different doctors – provided that you declared your consent.

 **I have read and understood the patient information.**



Date

Signature