

## **Informed Consent for Patients Desiring Augmentation Mammoplasty with a Family History of Breast Cancer**

I \_\_\_\_\_ have discussed with Dr. Abel Mounir and fully understand and accept the following with regard to my desire for breast augmentation. I acknowledge that I fully understand each item listed below. I have had an opportunity to have all my questions answered, and I feel informed and I accept each risk or tradeoff listed below as indicated by my initial(s) \_\_\_\_\_ beside each item. (Please place your initial in the blank at left.)

\_\_\_\_\_ I am fully aware that I have a family history of breast cancer, and that I may be at a higher risk of developing breast cancer than a woman with no family history of the disease.

\_\_\_\_\_ Dr. Mounir has informed me and I am fully aware that any breast implant can impair the detection of breast cancer, regardless of the type of implant or where it is placed in relation to the breast.

\_\_\_\_\_ I am fully aware and accept that by choosing to have breast implants, I could be interfering with detection of breast cancer in my breasts.

\_\_\_\_\_ I am fully aware and accept that if my breast implants interfere with detection of breast cancer, I could die of the disease earlier or could miss earlier treatments that might change the course of the disease and prolong or save my life.

\_\_\_\_\_ Dr. Mounir has recommended that I seek other expert opinions about these issues, and I have either sought those opinions or chosen not to seek those opinions based entirely on my personal preference.

\_\_\_\_\_ I choose to have breast implants, regardless of their possible effects on detection of breast cancer and regardless on their possible effects on the course of the disease should I develop breast cancer.

\_\_\_\_\_ I understand and accept all of these risks, limitations, and tradeoffs, and request that Dr. Mounir proceed with augmentation of my breasts. I have had an opportunity to have all of my questions answered to my satisfaction, and am totally comfortable with my decision.

Signed this \_\_\_\_\_ day of the month of \_\_\_\_\_, 20\_\_\_\_

In the presence of the witness listed below.

\_\_\_\_\_  
Patient: (Please print)

\_\_\_\_\_  
Witness: (Please print)

\_\_\_\_\_  
Patient: (Please sign)

\_\_\_\_\_  
Witness: (Please sign)