

MAMMOGRAM WAIVER HORMONE PELLETT THERAPY

I, _____ voluntarily choose to undergo implantation of subcutaneous
PATIENT NAME
Bio-Identical Hormone Pellet Therapy with _____
TREATING PROVIDER'S NAME & CLINIC NAME

For today's appointment on , _____, I **DO NOT** have a Mammogram Report for this reason:
TODAY'S DATE

I decided to not have a mammogram.

My healthcare provider decided I should not have one.

Provide your healthcare provider's name _____

Provide a note from this healthcare provider outlining the reason he/she did not want you to have a mammogram.

I completed a mammogram, but I am unable to provide the report at this time.

(Fill out information and confirm you will send your mammogram before your next appointment below.)

Date of Mammogram report _____

My results were Normal Abnormal

I am aware that a current report must be sent by mail or faxed to our office prior to my next hormone therapy appointment. _____

PATIENT INITIALS

I understand that mammograms are the best single method for detection of early breast cancer. I understand that my refusal to submit to a mammogram test may result in cancer remaining undetected within my body. I acknowledge that I bear full responsibility for any personal injury or illness, accident, risk or loss (including death and/or breast or uterine issues) that may be sustained by me in connection with my decision to refrain from obtaining a mammogram exam. I acknowledge and agree that I have been given adequate opportunity to review this document and to ask questions.

I hereby release and agree to hold harmless _____ and any of their
CLINIC NAME
physicians, nurses, officers, directors, employees and agents from any and all liability, claims, demands and actions arising or related to any loss, property damage, illness, injury or accident that may be sustained by me as a result of my refusal to undergo a mammogram exam. This release and hold harmless agreement is and shall be binding on myself and my heirs, assigns and personal representatives.

PATIENT SIGNATURE

TODAY'S DATE

TREATING PROVIDER'S SIGNATURE

TODAY'S DATE

