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MAMMOGRAM WAIVER OF LIABILITY

I _____ am declining to have a mammogram prior to my breast surgery. I understand that by declining any type of breast imaging prior to surgery, I am accepting any risk that may occur as a result of not obtaining base line mammography prior to surgery. I release my physician of any liability, and I accept responsibility for my decision to forego this screening.

Patient signature _____

Date _____

Witness _____

I _____ have had a mammogram within the past twelve months. I have informed my doctor that the findings were normal. I release my physician of any liability in regard to breast health screening.

Patient signature _____

Date _____

Witness _____