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To Whom It May Concern:

Let it be known that I have given consent to have a mammogram taken knowing that there may be a possibility of pre-existent implant rupture. I have been told of all the risks involved by the mammography technologist. I waive my right of any liability damage from this office.

Patient's Signature

Date

Mammography Technologist

Date

Please check one:

Saline Implants

Silicone Implants