YVONNE ASHLEY GALIBER
BREAST CANCER FOUNDATION

PO BOX 356 CHRISTIANSTED VI 00821 • INFO@YAGFOUNDATION.ORG • 340.332.9115

Mammography Application

INFORMED CONSENT FOR YAGF SPONSORED MAMMOGRAPHY

Welcome to the YAGF Breast Cancer Screening Program for St. Croix women and men. Please read, sign and date this **Informed Consent** and then complete the application on the back page.

General Understandings: I, the undersigned, understand and accept the following: This program only pays the cost of my screening mammogram and, if recommended on a YAGF funded screening report, the cost of my diagnostic mammogram. Imaging Center, PC (ICPC) will perform my mammogram(s) and answer questions I may have about its services. This program does not fund additional medical examinations, biopsies, or pathology services. Mammogram results that are suspicious for cancers require biopsies or further evaluation. If my biopsy is positive for breast cancer, significant atypia or a papilloma, I should consult a surgeon and/or oncologist for treatment. Mammography requires brief compression of my breasts. The discomfort from this is minimized when my mammogram is done 7-10 days after my last menstrual period or during a time in the near future when my breasts are least tender. Avoiding caffeine a few days before my mammogram and using aspirin a half-hour before mammography may decrease my breast tenderness.

Confidentiality and Communication: ICPC will keep my medical records confidential and maintain them according to legal limits. ICPC will send screening mammogram reports to me at my US Postal Service address listed above and may send important results to me by return receipt mail. ICPC will send all of my prospective imaging and biopsy reports to my personal physician.

Disclaimer: Mammography will not detect all breast cancers. Greater breast cancer detection occurs if I do monthly best self-exams, regular physical exams, annual screening mammograms, and all diagnostic exams that may be recommended on my mammogram reports(s).

Participation: My participation is voluntary. I accept all associated risks and responsibilities.

_____ _____

Your signature Date signed

_____

Your printed name

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Please complete the application.

Date: _____

Address: _____

_____

Re: Sponsored Mammography Screening

Dear YAGF, Inc:

I _____ *(client's name)* request assistant from YAGF, Inc. for a mammogram screening in the Imaging Center located at 4500 Sunny Isle Medical Center, Suite 4B, Christiansted VI 00820.

I am uninsured and/or have no medical benefits taken from my employer _____
(Employer's name if applicable)

Any assistance you can provide is deeply appreciated. If you have any further questions andor need additional information, please call me at _____.

Thank you,

_____
(Client's signature)