



## 3D Mammography Advisory & Fee Consent

Name:	Date:	MRN/Account
-------	-------	-------------

Date of Service:	Procedure:
------------------	------------

### Advisory:

3D Mammography or Digital Breast Tomosynthesis (DBT) is a new way of imaging the breasts in a 3D Digital format that acquires a number of low dose images at various angles that will allow the Radiologist to recreate a 3D Digital rendering of your breasts for analysis and interpretation.

Please understand that if you wish to have your insurance billed and they do NOT cover these images you will receive a bill to cover the 3D/Tomosynthesis images.

DBT results in a slight increased radiation dose when compared to 2D Mammography (1.4 mGy vs 1.3 mGy per image).

### Fee Consent:

3D Mammography is a separate exam from the normal 2D Mammography exam.

\_\_\_\_\_ Yes, I would like to add the 3D Digital Breast Tomosynthesis at the cash pay rate of \$50.00  
(Must be paid at time of service)

\_\_\_\_\_ Yes, I would like to add the 3D Digital Breast Tomosynthesis and bill my insurance.  
(I understand if I want my insurance billed and it is not one of the carriers listed to reimburse I will be billed for these images)

\_\_\_\_\_ No, I would not like to add the 3D Digital Breast Tomosynthesis with my 2D Mammogram today.

I have read and acknowledge the above Advisory and Fee Consent to have 3D Mammography (DBT) imaging performed today.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Patient Name