



ROCKY MOUNTAIN FERTILITY CENTER
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PARKER, COLORADO 80138
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Mammogram Waiver for patients undergoing Hormone, Estrogen and Progesterone infertility treatment.

I, _____, voluntarily choose to undergo fertility therapy with Rocky Mountain Fertility Center.

I **do not** have my mammogram report for this reason:

- It is my decision not to have a mammogram within the past year.
- I am unable to provide the report at this time, but I have had a mammogram in the past year that was (choose one ↓)

My results were: Normal Abnormal

Date of Mammogram: ___/___/___

Breast Cancer and infertility Therapy

Two large studies have shown that fertility treatment probably does not increase your risk of breast cancer. However, neither of the studies can completely eliminate all concerns about a tie between fertility drugs and breast cancer risk. A recently published study from researchers at the National Institute of Health, suggests fertility treatment does not increase your risk of breast cancer over the general population, however the study did reveal that there were differences in cancer risk for a significant time after treatment based on whether the patients did or did not conceive. Additionally, there was a study done in Denmark in 2007 which evaluated more than 54,000 women with infertility problems. This study found no strong link between breast cancer and the use of fertility drugs. Routine guidelines from the American Cancer Society recommended screening for breast cancer starting at age 40 in women of average risk and earlier in women with increased risk. What is uncertain is whether hormone therapy for fertility treatment makes your risk increased and qualifies you for earlier mammogram screening.

I understand that mammograms are the best single method for detection of early breast cancer. I understand that if I do not get a mammogram test, cancer may be growing 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 issue) 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 any questions. I hereby release and agree to hold harmless Rocky Mountain Fertility Center/ Rocky Mountain Fertility Lab, and any of their physicians, nurses, officers, directors, employees or agents from any 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 choice to not undergo a mammogram exam. This agreement is and shall be binding on myself and my heirs, assigns and personal representatives.

Patient Signature

Date