



Scan Date: \_\_\_\_\_ Location: \_\_\_\_\_

Print Name: First \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Print email address to receive report: \_\_\_\_\_

### Consent to Ultrasound Scan of Breast Implant(s)

A recent published study of 584 women with silicone gel breast implants for 3-20 years found that 10.6% had ruptures they were unaware of, called “silent ruptures,” because they are not apparent by appearance or physical exam to either the woman or a plastic surgeon.

The United States Food and Drug Administration (FDA) recommends that women with silicone gel breast implants have an ultrasound or MRI scan to screen for silent rupture at 5-6 years after receiving the implant(s) and then every 2-3 years thereafter. If a rupture is detected, FDA recommends removal of the implant and any remaining silicone gel. Manufacturers’ warranties cover replacement implant(s) for life.

I hereby authorize Implant Checkup LLC to perform a High Resolution Ultrasound (HRUS) scan of my breast implant(s). I understand this screening scan is only intended to detect silent rupture of my silicone gel breast implant(s). No examination will be performed of the breast surrounding the implant(s). The technique for this HRUS scan was developed by Louisville plastic surgeon Dr. Marc Salzman while performing ultrasound scans on thousands of implants since 2012. An ultrasound technician trained in Dr. Salzman’s technique will scan my implant(s) and a board-certified radiologist will examine the ultrasound images of the shell of my breast implant(s) for tears or ruptures, and to determine if silicone gel is outside my implant(s).

The radiologist’s report of the findings of the ultrasound scan of my implant(s) will be emailed to me in about ten days. As with MRI scans to detect implant rupture, ultrasound scans can be false-positive (implant appears ruptured but is actually intact) or false-negative (implant appears intact but is actually ruptured). Therefore, if the radiologist’s report of ultrasound findings from this screening scan indicates an implant rupture, suspicious area or an abnormality, I will consult with a plastic surgeon who may recommend MRI scans, removal of my implant(s) with or without replacement, other surgical procedures, or no treatment. A copy of my radiologist’s report and ultrasound scans will be provided to other healthcare providers upon receipt of my medical records request emailed to [records@implantcheckup.com](mailto:records@implantcheckup.com).

I acknowledge that I have read and understand this consent form and all questions have been answered to my satisfaction.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Scan: Right implant \_\_\_\_ Left implant \_\_\_\_ Technician: \_\_\_\_\_