



Mammogram Waiver Hormone Therapy

I, _____ voluntarily choose to undergo treatment with hormone therapy to possibly include estradiol, progesterone and testosterone, even though I am not current on my yearly mammogram. I understand that such therapy is controversial and that many doctors believe that hormone replacement in my case is contraindicated. My Treating Provider has informed me it is possible that taking hormone therapy could possibly stimulate existing breast cancer (including one that has not yet been detected). Accordingly, I am aware that breast cancer or other cancer could develop while on hormone therapy.

For today’s appointment I DO NOT have a mammogram for the following reason:

- My decision not to have one**
- Unable to provide the report at this time/last mammogram was _____.**
- My doctor’s decision not to have one.** Please provide a note from your treating physician with their rationale as to why they don’t want you to have a mammogram.

I am aware that a current report must be sent by mail or faxed to our office prior to my next HRT appointment. The Treating Provider has discussed the importance and necessity of a mammogram since I receive hormone therapy.
_____(initials of patient)

I have assessed this risk on a personal basis, and my perceived value of the hormone therapy outweighs the risk in my mind. I am, therefore, choosing to undergo hormone therapy despite the potential risk that I was informed of by my Treating Provider.

I understand that mammograms are the best single method for detection of early breast cancer. I understand that my refusal to submit to a mammogram test may result in cancer remaining 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, uterine or cancer issues) that may be sustained by me in connection with my decision to not have a mammogram and undergo testosterone and/or estradiol pellet therapy including, without limitation, any cancer that should develop in the future, whether it be deemed a stimulation of a current cancer or a new cancer. I hereby release and agree to hold harmless Optima Medical Hormone Replacement LLC and any of their medical providers, nurses, officers, directors, employees, and agents from any and all 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 testosterone and/or estradiol pellet therapy. I acknowledge and agree that I have been given adequate opportunity to review this document and to ask questions. This release and hold harmless agreement is and shall be binding on myself and my heirs, assigns and personal representatives.

Patient Print Name

Signature

Date

Provider Print Name

Witness

Date