DR. LINDA J. WARREN AND ASSOCIATES DIAGNOSTIC RADIOLOGY, MAMMOGRAPHY, ULTRASOUND

SUITE 505, 750 WEST BROADWAY, VANCOUVER, B.C. V5Z 1H4 TELEPHONE: 879-4177 • FAX: 879-4147

CONSENT FOR BREAST CORE BIOPSY

I, the undersigned, do hereby co	nsent to the following proces	dure:
	days before and 2 days at	
		IV. USUSANDA SAC DOGRASSIA
edanos in order lo positión (he		to Expect During the Core
To be performed upon:	(Name of	patient)
Under the direction of Dr	seconds. If you have ever l	M.D.
I have read the breast biopsy ins the procedure explained to me b have had the opportunity to have	y the technologist. I am awa	re of the complications and
I understand and agree that the pother personnel of <i>Dr Linda J. V.</i>	procedure requires the coope. Warren and Associates.	ration of technologists and
I also consent to any alternative consider either advisable or imm	nediate.	the above named physicians
I also consent to the administrate advisable by the radiologist.	ion of local anesthetic and ot	ther medications deemed
Name of Patient (print):		
	ised. Apply a cold puck or in	the Core Biopay ire as may feel sore and bru
Signature:		niodable II should not be a a lreating pad or a warm wi a incoher, such as Tylenol -
(patient or	person legally authorized to conse	nt)
Deletienship to Dationt:		
Relationship to Patient:	ain and reduces around the	increasing pain sieurul sv Increased lemperalurs, p
Witness:		
(print)		(signature)
Date:		