



Patient's Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Age: _____ Gender: _____

Thermography requested by: Self _____ Referring Doctor: _____

Ph#: _____

Today's thermography is a procedure that utilizes an ultra-sensitive thermal imaging camera and sophisticated computer programming to visualize and obtain an image of the infrared heat emissions coming off the surface of the skin. The thermographic procedure is performed in order to analyze abnormal temperature patterns on the body that may or may not indicate the presence of a disease process. Consequently, a normal thermogram does not rule out the presence of significant pathology.

Thermography, along with X-ray, CT, MRI, mammography, ultrasonography and other imaging procedures, is not a standalone diagnostic tool. Like other imaging procedures, it is an adjunctive tool, which while reliable should be utilized by the treating physician along with other tests and analyses to arrive at a provisional or more complete diagnosis. No surgical procedure should be based on thermal imaging alone. Additional diagnostic procedures, which depend on the nature of the condition and/or body region, are needed to achieve a final diagnosis. Thermography provides physiological imaging. X-ray, CT, MRI, mammography, and ultrasonography provide anatomical imaging. This office provides only the thermographic component of a complete evaluation.

I understand the report generated by my images is intended for use by a trained healthcare provider to assist in evaluation, diagnosis and treatment. I understand the report is not intended for use by individuals for self-evaluation, diagnosis or treatment.

I understand that I need to disrobe (from the waist up for breast and upper body series, and waist down for lower body series) during the acclimation portion (to allow for the surface temperature of my body to equilibrate with the room temperature) and imaging portion of the procedure.

During imaging, I understand that I will be in a room with a female technician and that I must remove my gown for imaging, (except from genitalia). If I cannot understand the technician's verbal instructions on how to position my body in front of the camera, I understand that the technician will be required to physically assist me. In all cases, I will be expected to use the gown to conceal my genitalia if it would otherwise be exposed.

I understand that this procedure does not use radiation, is not harmful to me, and that its purpose is to record the temperature patterns coming off my body. To enable the interpreting doctor to evaluate and assess my images, I am providing pertinent health and history information.

My images and interpretive reports will be made available to me by pick-up. I have been provided pre-procedural instructions to insure the most accurate thermographic procedure possible, **and have complied with this protocol.**

Authorization to use or disclose protected health information as required by the privacy regulations, Nature's Treasures, may not use or disclose your protected health information except as provided in our notice of privacy practices without your notification.

By signing below, I acknowledge and certify that I have read and understand the statements above and consent to the examination

I also acknowledge that there is a fee of only **five dollars** should I need an additional copy of my report.

Client Signature

Date of the Thermography Procedure