



PATIENT CONTACT INFORMATION

Name:

DOB/Age:

Mailing Address:

City, ST, Zip:

Best Daytime Phone:

Detailed message okay?

Emergency Contact and Phone number:

Email:

Referred by:

What is the **BEST** way for us to contact you for scheduling reminders? Email Phone Postcard
How did you hear about us? Friend/Family Radio Magazine Event Internet Health Provider

Send my Report to ME by: EMAIL *I understand MY email may not be secure, and that abnormal or suspicious results will be sent to me by US Mail.*
OR US MAIL

Mail my Report to a Healthcare Provider? Y / N **Provider Name:** _____
 Provider Address: _____

No screening is 100%. **Thermography is most useful in early (pre-lump) stages of breast disease, and relies on a stable baseline (2 appts, 3 months apart) and annual imaging.** Thermograms and mammograms **are not interchangeable.** Discuss with your Thermographer when each is appropriate, what to expect (and do next) if you have a positive thermogram, and understand (and accept) thermographic limitations if you do not establish a stable baseline, or if you scan less than yearly.

I have received "Breast Thermography - Next Steps" and I had the opportunity to ask questions. _____ (Initial)

Patient Disclosure / Consent: I understand the Report generated from my images is intended for use by trained health care providers to assist in evaluation, diagnosis, or treatment. I further understand the Report is not intended to be used by individuals for self-evaluation or self-diagnosis. I understand the Report will not tell me whether I have any illness, disease, or other condition, but will be an analysis of images with respect only to the thermographic findings discussed in the Report.

By signing below, I certify that I have read and understand the statements above and consent to today's imaging.

Signed: _____ Date: _____