

BEFORE YOUR APPOINTMENT

Important protocols need to be followed in order to ensure that your thermal images show the most accurate details in order for the interpreting doctor to give an accurate report. Thermal imaging detects your body's various temperatures which can show areas of inflammation, possible infections, and early disease stages within the body.

BREAST THERMOGRAPHY ONLY(Not full body) The same protocol list below applies except makeup can be worn for just breast imaging. For women who are nursing, please nurse as far from 1 hour prior to the exam as possible and avoid any type of stimulation heat to the breast before imaging.

- No prolonged sun exposure (sunbathing and sunburns) anywhere on the body areas to be imaged 5 days prior to your imaging/exam.
- No use of deodorants, lotions, oils, creams, powders, essential oils or facial makeup for "full body and upper body" scans on "the day" of your imaging/exam.
- No shaving, waxing or any-type of hair removal in the areas to be imaged on "the day" of your imaging/exam.
- No treatment (chiropractic, acupuncture, physical therapy, electrical muscle stimulation, ultrasound, hot or cold pack use, sauna or steam room) or physical stimulation of the areas to be imaged for 24 hours before your imaging/exam.
- No exercise the day of your imaging/exam.
- No hot showers within 2 hours before imaging. No hot baths or salt soaks within 24hours prior to your imaging/exam.
- If you are taking any pain medications, please avoid taking them for 4 hours prior to the examination. **If it's a prescription, you must consult with the prescribing physician for their consent prior to any change in medication use.**
- You must wait at least 4 weeks after having a needle or core biopsy of the breast before a thermogram can be performed.
- You must wait at least 8 weeks after having a lumpectomy or surgical biopsy of the breast before a thermogram can be performed.
- If you have had any medical procedures within the last 3 months, please notify us 24 hrs. before coming in for your appointment.

PLEASE NOTE: For breast imaging you will disrobe (from the waist up) and put on a medical gown. For full and lower body imaging, your buttocks will be exposed during imaging. You will sit for 15 minutes in a temperature controlled room (68-73 degrees) in order to allow for your body to acclimate to the room temperature before imaging.

PLEASE fill out patient intake forms before arriving You can find all forms needed on our website under the tab "forms" @ safebodyimaging.com If you have any questions or concerns, please don't hesitate to contact our office @ 702-825-3505.

FIRST NAME: _____ LAST NAME: _____ Date: _____

Email: _____ City: _____ State: _____ Zip: _____

Cell phone: _____ Date of Birth: _____ Age: _____ Male (or) Female

Have you ever been diagnosed with breast cancer? ☐ Y ☐ N Date: _____ ☐ R ☐ L Breast

Date of your last mammogram: _____
Was it: ☐ Normal ☐ Abnormal ☐ Suspicious ☐ Watchful – ☐ R ☐ L Breast

Date of your last breast ultrasound: _____ Were both breasts imaged? ☐ Y ☐ N
Was it: ☐ Normal ☐ Abnormal ☐ Suspicious ☐ Watchful – ☐ R ☐ L Breast

Was a follow up biopsy recommended after your mammogram, ultrasound, or MRI? ☐ Y ☐ N

Date of last physical breast exam by a doctor: _____ ☐ Normal ☐ Lump found – ☐ R ☐ L Breast

Date of any breast biopsies: _____ ☐ R ☐ L Breast

What was found on the biopsy? ☐ Cancer ☐ Other _____ ☐ R ☐ L Breast

Any breast surgeries? Date and what was done? _____ ☐ R ☐ L Breast

Have you had a mastectomy? ☐ Complete ☐ Partial Date: _____ ☐ R ☐ L Breast

Was the nipple removed? ☐ Y ☐ N Was the surface skin of the original breast entirely removed? ☐ Y ☐ N

Any breast reconstruction? What was done? (ex. trans flap, implant) _____ ☐ R ☐ L Breast

Any breast radiation treatment? Date of last treatment _____ ☐ R ☐ L Breast

Are you currently pregnant? ☐ Y ☐ N

Are you currently nursing? ☐ Y ☐ N

Are you using anything to modulate the effects of estrogen? (ex. progesterone cream, DIM) ☐ Y ☐ N

Are you experiencing any of the following with your breasts: ☐ None

☐ A Lump (date found _____; found by ☐ Self breast exam ☐ Doctor exam)

Pain: ☐ Dull ☐ Sharp ☐ Burning ☐ Stinging ☐ Tenderness ☐ The pain changes with my cycle

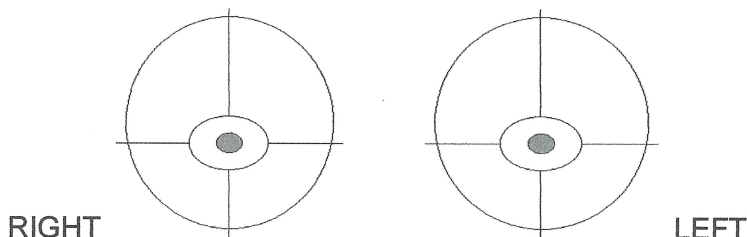
☐ Thickening ☐ Skin changes (☐ Color ☐ Texture ☐ Over the lump)

☐ R ☐ L Nipple discharge (☐ Bloody ☐ Milky ☐ Clear ☐ Through 1 duct ☐ Through multiple ducts)

☐ R ☐ L Nipple retraction (☐ For many years ☐ Recently) ☐ R ☐ L Nipple changes (☐ Color ☐ Texture)

☐ Other _____

Place an [O] on the diagram in the exact area of the lump, finding on your mammogram, or area being watched, and an [X] in the area of pain, tenderness, thickening, or skin changes.



Span: _____ ☐ Initial Exam ☐ Re-Exam Tech: _____

Pt T = _____ F Rm T = _____ C ☐ R ☐ L Nipple retraction ☐ R ☐ L Areola traction SLQ SMQ ILQ IMQ

☐ R ☐ L Skin surface bulge or dimple SLQ SMQ ILQ IMQ ☐ R ☐ L Skin changes SLQ SMQ ILQ IMQ

Consent to Thermography Examination

Full Name: _____ DOB: _____

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

eMail address: _____ Cell phone #: _____

Thermography requested by: ☐ My self ☐ Referring Doctor: _____

Instructions: Please read the following information thoroughly, and if you understand and agree, date and sign. If you don't understand something or have any questions, please contact us before your scheduled appointment.

Medical Thermography uses an infrared imaging camera to visualize and obtain an image of the infrared heat coming from the surface of the skin. The thermographic procedure is performed in order to analyze 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 stand-alone examination tool. Like other imaging tests, it is an adjunctive tool to be utilized by the patient's treating physician, along with other tests and analyses to arrive at a provisional and more complete diagnosis. No surgical procedure should be based on thermal imaging alone. Additional examination procedures, which depend on the nature of the condition and/or body region, are needed to achieve a final diagnosis. Thermography must not be confused with EBT or CT full body scanning. EBT and CT scans are structural imaging technologies, which look for the physical existence of tumors and other body structure changes while thermography does not. Our service provides only the medical thermography component of a full medical evaluation.

I understand that I have to undress and wear a medical gown in order for my body to adjust to the room temp for 15 minutes with nothing pressing against my skin before I will be scanned. I also understand that I have to remove the gown from the waist up during the actual imaging for breast exams, and for full body and lower body imaging, my buttocks will need to be exposed. My body will be imaged with an infrared camera. I understand that this procedure does not use radiation, is not harmful to me, and that its sole function is to produce an image of the heat coming off my body. I also understand that a brief physical examination of any suspect areas found on the thermographic images may be performed in order to fully characterize the findings.

The information provided will be made available to my treating physician upon request for further work-up should an abnormality be detected. I have been informed about pre-examination preparation to ensure the most accurate thermographic examination possible and have complied with this protocol. If not, I understand my appointment may have to be re-scheduled for a later date.

Having understood the above, and having received satisfactory answers to any and all questions that I may have had concerning the purpose and outcome, risk factors and benefits of a thermographic examination, as well as the utilization of the procedure, I hereby consent to both initial and subsequent thermographic examinations. I also understand that thermography is not a substitute for mammography, ultrasonography, CT, MRI or any other form of imaging.

Patient's Signature: _____ Date signed: _____

Witness: _____ Exam date: _____