Imaging Center_	
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Full Body and Pain History

Name:		Age:	Date of Scar	n:
Date of Birth:			Initial Exam: □	
Mark the location of sympto	oms with an "X" and	d label it as	sharp, dull, burni	ng, aching, etc.
		South States		
Please Note Level of Pain 02 Mild: Annoyance	34	56 Some Limita	5	910 Pain Killers Needed
Describe your symptoms:				
How and when did this start	?			
Were you examined for this	complaint? Date an	d Results		
What increases your sympto	ms?			

What decreases your symptoms?				
What medications are you taking?				
, 3				
List any treatments you have had: _				
List any treatments you have had				
List any other medical conditions:				
List any other medical conditions:				
list and a standard				
List any past surgeries:				
List and describe the location of any	rash or marking on you	ur body:		
-	Please do not write in	this sacti	on	
•	lease do not write in	1113 36011		
Tech:	Patient T:	F	Laboratory Temperature:	C
	Additional Technici	an Notos		
	Additional recinici	ali Notes		

INFORMED CONSENT FOR TESTING PROCEDURE

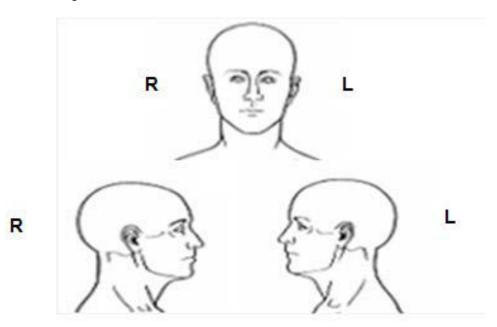
Thermal imaging is a technology which measurallyzed to provide physiological information a		
I understand that thermal imaging does not an and that the information is designed to be used out the presence of injury or disease since sor of the body to be seen with thermography. The findings present on examination. All concerns of thermography as a stand-alone detection e condition to be detected. Initial	d with other examinations as an aid me conditions do not produce suffice Therefore, injury or disease may so require evaluation by a doctor regar	to the diagnostic process. Nor can it rule cient temperature changes at the surface till be present despite a lack of thermal dless of the thermal imaging results. Use
I further understand that not all organ systems will enable detection. Therefore I understand that and it cannot diagnose disease. It is a function health care provider. It cannot replace or rule of	that this test cannot determine if an nal test which may provide general	organ or the body is diseased or healthy regions to evaluate more thoroughly by a
I confirm that I have followed the written present examination. I understand that if I did not recompromised. Initial		
By signing below, I hereby acknowledge that (an opportunity to ask any questions I may have received sufficient information with resprocedure; (5) I understand no guarantee or will be detected; and (6) I hereby authorize and	ave had; (3) any questions I asked spect to thermal imaging to make varranty is being made that all risk t	were answered to my satisfaction; (4) I e an informed decision to undergo the
Print Name	Signature	Date
STATEMENT OF INDEPENDENT OPERATIO	DNS:	
I understand and agree that Robert L. Ka (collectively referred to as "Kane Interpretive Syour imaging services solely for the purpose of employee, officer, director, partner, represer Services an employee, officer, director, partner wholly separate business entity from your properations. Kane Interpretive Services is not installation, inspection, repair or modification. Interpretive Services is an independent contraction of the results. Kane Thermal Interpretive Services is an independent contraction.	Services") is a California based cor of interpreting and reporting therma ntative or agent of Kane Interpre er, representative or agent of your rovider and does not oversee or	mpany that contracts with the provider of all imaging scans. Your provider is not an tive Services. Nor is Kane Interpretive provider. Kane Interpretive Services is a
business, including its equipment, operations promises, warranties or representations, expressorvices owes no duty of care to me in connect protect or warn me of any actions or inactions known or unknown, relating to provider's services for my own safety and protect or warn me of my own safety and protect provider's services for my own safety and protect or warn me of my own safety and protect provider's services for my own safety and protect or warn me of my own safety and protect provider's services for my own safety and protect protect provider's services for my own safety and protect p	on of any machinery or products actor hired by your provider solely a Services does not control, nor he, advertising and/or representation ress or implied, as to your provider ction with provider's services, includes of provider and no duty to investigation.	used by your provider. Rather, Kane to interpret thermal imaging data and to ave the right to control, your provider's s. Kane Interpretive Services makes no s services. In addition, Kane Interpretive ing no duty to screen provider, no duty to gate, communicate or mitigate any risks,
business, including its equipment, operations promises, warranties or representations, expressivities owes no duty of care to me in connect protect or warn me of any actions or inactions known or unknown, relating to provider's services.	on of any machinery or products actor hired by your provider solely a Services does not control, nor his, advertising and/or representation ress or implied, as to your provider action with provider's services, includes of provider and no duty to investigations. I assume all duty of reason ection. Frations, I understand and agree with a Thermal Imaging Interpretive Services.	used by your provider. Rather, Kane to interpret thermal imaging data and to ave the right to control, your provider's s. Kane Interpretive Services makes no s services. In addition, Kane Interpretive ing no duty to screen provider, no duty to gate, communicate or mitigate any risks, able care to select, screen and monitor the the foregoing and further agree that Dr.

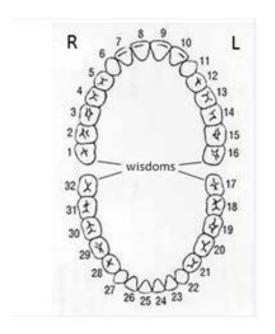
Imaging Center

Cranial Health History

Name:		Age:		Date of Scan	
Date of Birth:	Sex:	F	М□	Initial Exam □	Follow-up Exam □
Please describe any current concerns with:					
Face and Anterior neck:					
☐ Facial Pain☐ Facial Numbing☐ Sinus Concerns☐ Allergies☐ Headaches	□Tooth/T □ Thyroic		ocket Pa	ain □TMJ Pa □ Lymph	in or Clicking Node
☐ Please Describe					

Place an "x" on the diagram in the area of concern.





History of:	□ None					
☐ Stroke	□Cardiovascu	lar Disease	□Dizziness] Fainting	
Please Des	cribe:					
History of:	Root Canal □Yes	□ No W	isdom Tooth Extr	action 🗆 🗅	∕es □No	
Please Des	cribe:					
		Please d	o not write in th	is section	ı	
Tech		Patient T	=F		Laboratory Temperature	c
		Addit	ional Technician	Notes		

INFORMED CONSENT FOR TESTING PROCEDURE

Print Name	Signature	 Date
	Operations, I understand and agree with ne Thermal Imaging Interpretive Services impanying reporting guide.	
referred to as "Kane Interpretive Services services solely for the purpose of interpreticular director, partner, representative or agent officer, director, partner, representative or entity from your provider and does not of Services is not involved in the design, modification of any machinery or product contractor hired by your provider solely to Services does not control, nor have the advertising and/or representations. Kane limplied, as to your provider's services. In a provider's services, including no duty to so and no duty to investigate, communicate of	ene, D.C., D.A.B.C.T., dba Kane Thermal In (5") is a California based company that con ing and reporting thermal imaging scans. Ye of Kane Interpretive Services. Nor is Kanagent of your provider. Kane Interpretive oversee or supervise your provider's thermanufacture, marketing, sale, rental, distributes used by your provider. Rather, Kane Interpret thermal imaging data and to report interpretive Services makes no promises, waddition, Kane Interpretive Services owes interpretive Services makes no promises, waddition, Kane Interpretive Services owes interpr	atracts with the provider of your imaging your provider is not an employee, officer, and Interpretive Services an employee, Services is a wholly separate business mography operations. Kane Interpretive bution, installation, inspection, repair or interpretive Services is an independent out the results. Kane Thermal Interpretive is, including its equipment, operations, warranties or representations, express or no duty of care to me in connection with the of any actions or inactions of provider lating to provider's services. I assume all
Print Name	Signature	Date
had an opportunity to ask any questions have received sufficient information wit	e that (1) I have read and understood ea I may have had; (3) any questions I asked th respect to thermal imaging to make e or warranty is being made that all risk fo ze and consent to thermal imaging.	d were answered to my satisfaction; (4) an informed decision to undergo the
	ten pre-examination protocols for therm ot receive and follow these protocols, the	
that will enable detection. Therefore I ເ healthy and it cannot diagnose disease	thyroid, and other conditions of the head understand that this test cannot determi e. It is a functional test which may pro- annot replace or rule out the need for exam-	ine if these structures are diseased or vide general regions to evaluate more
and that the information is designed to be rule out the presence of injury or disease surface of the body to be seen with the thermal findings present on examination	not and cannot directly detect or be used to be used with other examinations as an a se since some conditions do not produce ermography. Therefore, injury or disease a. All concerns require evaluation by a do -alone detection examination is not recom- al	nid to the diagnostic process. Nor can in e sufficient temperature changes at the e may still be present despite a lack of octor regardless of the thermal imaging
	ation as an adjunct to standard screening	he body using infrared cameras and is and diagnostic testing. Initial

Breast Health History

Imaging Center_____

Name:	Age:		Date of Scan:		
Date of Birth:	Sex:	F M M	Initial Scan ☐ I	Follow-up So	can 🗆
Describe any current breast concerns such as	lumps, pain, sk	kin changes, ra	diographic findings	or other cor	ncerns:
MARK THE AREA OF ANY CURRE	NT CONCE	RN ON THE	DIAGRAM:		
R		() L	R		L
Last Physical Breast Examination by a Health	Care Provider:	☐ None			
Date: Results: □Normal					
Last Mammogram: □ None					
Date: Right Left [∃Both				
Results: Normal Other					
Last Breast Ultrasound: ☐ None					
Date: □ Right □ Left □	Both				
Results: Normal Other					
Last Breast MRI: ☐ None					
Date: □ Right □ Left □	Both				
Results: Normal Other					
Breast Biopsy: □ None					
Date: □ Right □ Left □	Both				
Results: □ Benign □ Pre-Cancer □ Cand	cer				

Section 1: Breast Cancer ☐ None ☐ Left ☐ Right ☐ Both Date of Diagnosis:
Cancer Treatment:
□ Lumpectomy: Date: □ Mastectomy: Date: □
□ Reconstruction: Date: □ Radiation treatment: Date of last treatment
Other treatment
Section 2: General
Benign Breast Surgery: ☐ None Lumpectomy: Date: ☐ Right ☐ Left
Implants: Date: Reduction: Date:
Fibrocystic breasts, Breast Cysts, or General Breast Lumpiness □Yes □ No
Other benign breast conditions: None Yes
Currently Breast feeding: □No □ Yes - Last Breast Nursed: □ Right □ Left Breast Most Favored: □ Right □ Left
Pregnant: ☐ Yes ☐ No - current cycle day (# of days since 1st day of period):
Menopause: ☐ No ☐ Yes - Age of last menses:
Currently experiencing symptoms of: ☐ Menopause ☐ Perimenopause ☐ Neither
Both ovaries removed: $\ \square$ Yes - Check only if both have been removed $\ \square$ No
Family history of breast cancer: ☐ Yes ☐ No
Past injury to the breasts: ☐None ☐ Right ☐ Left ☐ Both ☐ Date of Injury:
Section 3: Selected Hormones and Factors Effecting Them
Current Hormones: ☐ None
☐ Estrogen ☐ Progesterone ☐ Testosterone ☐ Thyroid hormone
Current supplements to support the following: ☐ None
☐ Breast Health ☐ Hormonal Balance ☐ Inflammation ☐ Thyroid Function
Are you currently engaged in any lifestyle activities or diet designed to: \square None
☐ Promote breast health ☐ Reduce inflammation ☐ Promote hormonal balance
PLEASE DO NOT WRITE IN THIS SECTION
Tech:F LaboratoryTemp:C

INFORMED CONSENT FOR TESTING PROCEDURE

(temperature) occurring at the surface	of the breasts. The purpose	tects and visualizes the thermal emissions of the examination is to detect signs of trent and/or future risk for cancer. Initial
breast examination, mammography, breast or screening. I also understand that therr cancer. Nor can it rule out the presence changes at the surface of the breasts to be thermal imaging revealing a low risk. For the breast concerns including but not limited and radiographic findings require evaluations.	t ultrasound and breast MRI and do mal imaging does not and cannot does of breast cancer since some can be seen with thermography. Therefore that reason, thermal imaging does not on the changes, nipple discharge, tion by a medical doctor regardless.	nary screening examinations such as physical oes not replace any other breast examination directly detect or be used to diagnose breast ncers do not produce sufficient temperature ore, breast cancer may still be present despite not replace any other breast examination. All , lumps or other abnormalities, clinical findings less of the thermal imaging results. Use of as it can result in the failure of an existing cancer
		naging provided to me before the examination. Examination may be compromised. Initial
opportunity to ask any questions I may har received sufficient information with respect	ave had; (3) any questions I asked to thermal imaging to make an info	ach of the above paragraphs; (2) I have had an were answered to my satisfaction; (4) I have brimed decision to undergo the procedure; (5) I or future cancer will be detected; and (6) I hereby
Print Name	Signature	Date
STATEMENT OF INDEPENDENT OPER	RATIONS:	
referred to as "Kane Interpretive Services' services solely for the purpose of interpreti director, partner, representative or agent of director, partner, representative or agent of director, partner, representative or agent of your provider and does not oversee or superior superior provided in the design, manufacture, marked machinery or products used by your provider provider solely to interpret thermal imaging nor have the right to control, your provider' Kane Interpretive Services makes no promis In addition, Kane Interpretive Services owe screen provider, no duty to protect or warn reservices.	') is a California based company thing and reporting thermal imaging so Kane Interpretive Services. Nor is K your provider. Kane Interpretive Serpervise your provider's thermographyeting, sale, rental, distribution, instalder. Rather, Kane Interpretive Service data and to report the results. Kane is business, including its equipment, ses, warranties or representations, expenses no duty of care to me in connectione of any actions or inactions of proving to provider's services. I assume a	ermal Imaging Interpretive Services (collectively nat contracts with the provider of your imaging cans. Your provider is not an employee, officer, cane Interpretive Services an employee, officer, rvices is a wholly separate business entity from any operations. Kane Interpretive Services is not allation, inspection, repair or modification of any ces is an independent contractor hired by your Thermal Interpretive Services does not control, operations, advertising and/or representations. Express or implied, as to your provider's services on with provider's services, including no duty to vider and no duty to investigate, communicate or all duty of reasonable care to select, screen and
	e Thermal Imaging Interpretive Service	e with the foregoing and further agree that Dr. ices is only responsible to me for the content of