

Patient instructions for medical thermal imaging

BEFORE you arrive for your scheduled appointment, important PROTOCOLS MUST BE FOLLOWED in order to ensure that your images reflect accurate information. Please read the following instructions and adhere to them;

- No prolonged sun exposure or sunburns to the body areas being imaged **5 days prior to the exam.**
- No use of deodorants, lotions, oils, creams, powders, or makeup for full body or upper body scans **on the day of the exam.**
- No shaving or other hair removal of the areas to be imaged **on the day of the exam.**
- No treatment (chiropractic, acupuncture, TENS, physical therapy, electrical muscle stimulation, ultrasound, hot or cold pack use, sauna or steam room) or physical stimulation of the areas to be imaged **within 24 hours before the exam.**
- No exercise **on the day of the exam.**
- No showering 2 hours before the exam. No hot saunas or baths **within 24 hours before the exam.**
- No use of any drugs or pain medications **within 4 hours prior to your scan.** If necessary, consult with the prescribing physician for their consent prior to any change in use of medication(s).
- Wait at least 4 weeks after having a needle biopsy of the breast.
- Wait at least 8 weeks after having a lumpectomy or surgical biopsy of the breast before a thermogram scan can be performed.
- If you have had any medical procedures or a surgery within the last 3 months, please notify us before coming in for your appointment.

If you are scheduled for a breast thermogram, the same protocols above apply along with no physical stimulation of the breasts for 24 hours before the exam. If you are nursing, please try to nurse as far from 1 hour prior to your thermogram as possible.

Please note: During your appointment, you will disrobe and put on a gown in a private room (from the waist up for breast & upper body scans) No bras, belts, or elastic can be against the body 15 minutes prior to your scan. This is to allow for the surface temperature of the body to equilibrate with the room. A female technician is provided for all female patients.

If you have any questions, don't hesitate to call the office at (702) 825-3505.

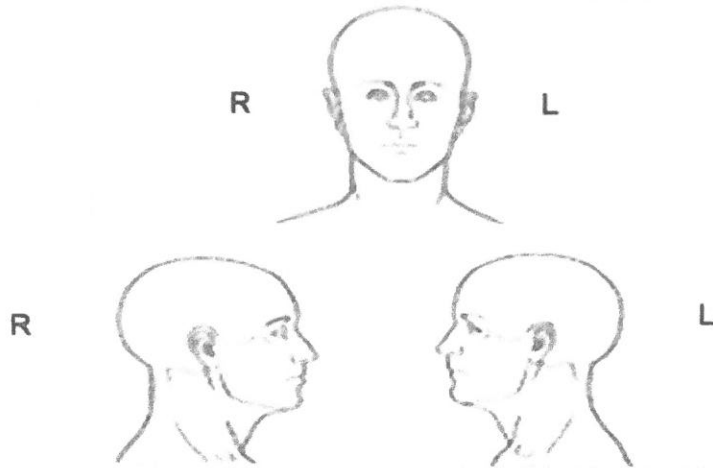
Abdomen/Face/Back Health History

Name: _____ Age: _____ Date of Scan: _____
 Date of Birth: _____ Sex: F M Initial Exam Follow-up Exam

Face and Anterior neck: None

- Facial Pain Facial Numbing Tooth/Tooth Socket Pain TMJ Pain or Clicking
 Sinus Concerns Allergies Thyroid Lymph Node
 Headaches
 Please Describe _____

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



History of: None

- Stroke Cardiovascular Disease Dizziness Fainting

Please Describe: _____

History of: Root Canal Yes No Wisdom Tooth Extraction Yes No

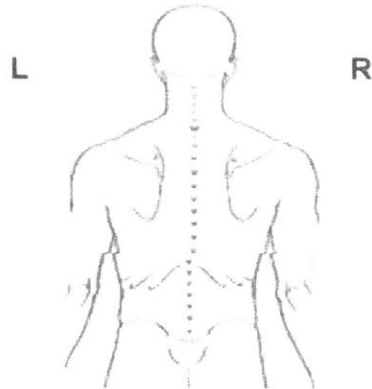
Please Describe: _____

Posterior Neck and Back: None

Pain: Neck Upper Back Mid Back Lower Back

Please Describe: _____

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



Respiratory Concerns:

Asthma Shortness of Breath Lung Infection Lung Pathology

Please Describe _____

Kidney Concerns:

Stones Infection Other

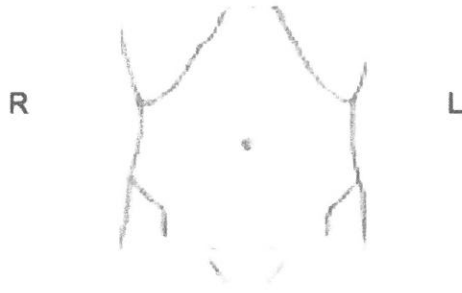
Please Describe _____

Abdomen and Pelvis: None

Liver Gall Bladder Stomach Digestion Elimination
 Uterus Bladder Right Ovary Left Ovary

Please Describe _____

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



Past Injuries to the abdomen back or face: None

Please Describe: _____

Diagnosed diseases: None

Please Describe: _____

Past surgeries to the abdomen, face back (Please provide year of surgery): None

Please Describe: _____

Please do not write in this section

Tech: JULIE STEELE, CCT Patient T: _____ F Laboratory Temperature: _____ C

Additional Technician Notes

INFORMED CONSENT FOR TESTING PROCEDURE

Thermal imaging is a technology which measures the surface temperature of the body using infrared cameras and is analyzed to provide physiological information as an adjunct to standard screening and diagnostic testing. Initial _____ ✓

I understand that thermal imaging does not and cannot directly detect or be used to diagnose injury or disease of any kind and that the information is designed to be used with other examinations as an aid to the diagnostic process. Nor can it rule out the presence of injury or disease since some conditions do not produce sufficient temperature changes at the surface of the body to be seen with thermography. Therefore, injury or disease may still be present despite a lack of thermal findings present on examination. All concerns require evaluation by a doctor regardless of the thermal imaging results. Use of thermography as a stand-alone detection examination is not recommended as it can result in the failure of an existing condition to be detected. Initial _____ ✓

I further understand that not all organ systems, dental conditions, and medical conditions will produce thermal findings that will enable detection. Therefore I understand that this test cannot determine if an organ is diseased or healthy and it cannot diagnose disease. It is a functional test which may provide general regions to evaluate more thoroughly by a health care provider. It cannot replace or rule out the need for examination or additional testing. Initial _____ ✓

I confirm that I have followed the written pre-examination protocols for thermal imaging provided to me before the examination. I understand that if I did not receive and follow these protocols, the accuracy of my examination may be compromised. Initial _____ ✓

By signing below, I hereby acknowledge that (1) I have read and understood each of the above paragraphs; (2) I have had an opportunity to ask any questions I may have had; (3) any questions I asked were answered to my satisfaction; (4) I have received sufficient information with respect to thermal imaging to make an informed decision to undergo the procedure; (5) I understand no guarantee or warranty is being made that all risk for current and/or future injury or disease will be detected; and (6) I hereby authorize and consent to thermal imaging.

Print Name

Signature

Date

STATEMENT OF INDEPENDENT OPERATIONS:

I understand and agree that Robert L. Kane, D.C., D.A.B.C.T., dba Kane Thermal Imaging Interpretive Services (collectively referred to as "Kane Interpretive Services") is a California based company that contracts with the provider of your imaging services solely for the purpose of interpreting and reporting thermal imaging scans. Your provider is not an employee, officer, director, partner, representative or agent of Kane Interpretive Services. Nor is Kane Interpretive Services an employee, officer, director, partner, representative or agent of your provider. Kane Interpretive Services is a wholly separate business entity from your provider and does not oversee or supervise your provider's thermography operations. Kane Interpretive Services is not involved in the design, manufacture, marketing, sale, rental, distribution, installation, inspection, repair or modification of any machinery or products used by your provider. Rather, Kane Interpretive Services is an independent contractor hired by your provider solely to interpret thermal imaging data and to report the results. Kane Thermal Interpretive Services does not control, nor have the right to control, your provider's business, including its equipment, operations, advertising and/or representations. Kane Interpretive Services makes no promises, warranties or representations, express or implied, as to your provider's services. In addition, Kane Interpretive Services owes no duty of care to me in connection with provider's services, including no duty to screen provider, no duty to protect or warn me of any actions or inactions of provider and no duty to investigate, communicate or mitigate any risks, known or unknown, relating to provider's services. I assume all duty of reasonable care to select, screen and monitor provider's services for my own safety and protection.

By signing this Statement of Independent Operations, I understand and agree with the foregoing and further agree that Dr. Robert L. Kane, D.C., D.A.B.C.T., dba Kane Thermal Imaging Interpretive Services is only responsible to me for the content of the thermal imaging report and its accompanying reporting guide.

Print Name

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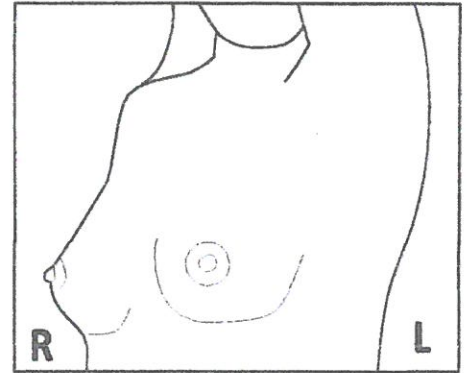
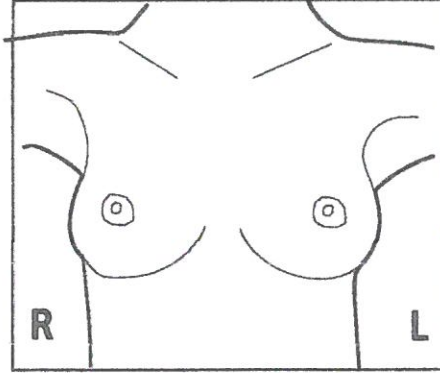
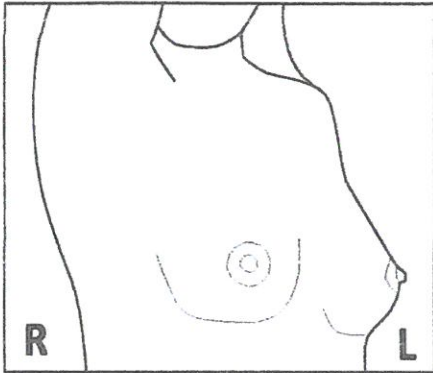
Breast Health History

Name: _____ Age: _____ Date of Scan: _____

Date of Birth: _____ Sex: F M Initial Scan Follow-up Scan

Describe any current breast concerns such as lumps, pain, skin changes, radiographic findings or other concerns:

MARK THE AREA OF ANY CURRENT CONCERN ON THE DIAGRAM:



Last Physical Breast Examination by a Health Care Provider: None

Date: _____ Results: Normal Other _____

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 Cancer

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: Yes - Check only if both have been removed 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: None

Promote breast health Reduce inflammation Promote hormonal balance

PLEASE DO NOT WRITE IN THIS SECTION

Tech: J Steele Patient Temp: _____ F Laboratory Temp: _____ C

INFORMED CONSENT FOR TESTING PROCEDURE

Thermal Breast Imaging (otherwise known as breast thermography) detects and visualizes the thermal emissions (temperature) occurring at the surface of the breasts. The purpose of the examination is to detect signs of inflammation or unusual blood vessel activity that could suggest risk for current and/or future risk for cancer. Initial ____ ✓

I understand that Thermal Breast Imaging is used only as an adjunct to primary screening examinations such as physical breast examination, mammography, breast ultrasound and breast MRI and does not replace any other breast examination or screening. I also understand that thermal imaging does not and cannot directly detect or be used to diagnose breast cancer. Nor can it rule out the presence of breast cancer since some cancers do not produce sufficient temperature changes at the surface of the breasts to be seen with thermography. Therefore, breast cancer may still be present despite thermal imaging revealing a low risk. For that reason, thermal imaging does not replace any other breast examination. All breast concerns including but not limited to skin changes, nipple discharge, lumps or other abnormalities, clinical findings and radiographic findings require evaluation by a medical doctor regardless of the thermal imaging results. Use of thermography as a stand-alone detection examination is not recommended as it can result in the failure of an existing cancer to be detected. Initial ____ ✓

I confirm that I have followed the written pre-examination protocols for breast imaging provided to me before the examination. I understand that if I did not receive or follow these protocols, the accuracy of my examination may be compromised. Initial ____ ✓

By signing below, I hereby acknowledge that (1) I have read and understood each of the above paragraphs; (2) I have had an opportunity to ask any questions I may have had; (3) any questions I asked were answered to my satisfaction; (4) I have received sufficient information with respect to thermal imaging to make an informed decision to undergo the procedure; (5) I understand no guarantee or warranty is being made that all risk for current and/or future cancer will be detected; and (6) I hereby authorize and consent to thermal imaging

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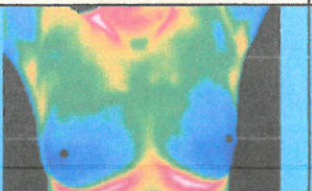

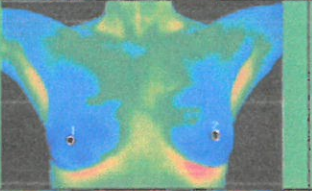

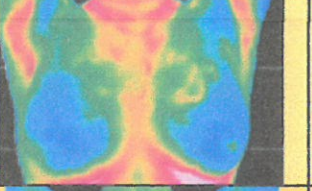

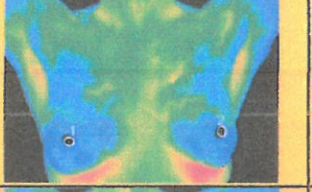

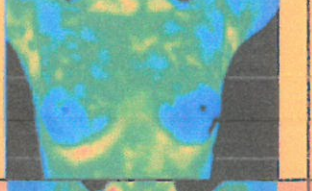

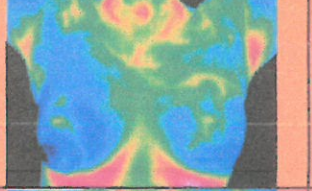
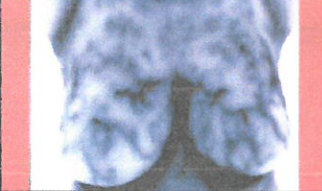
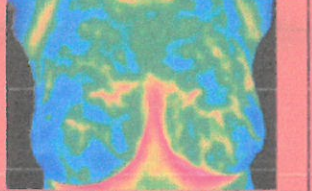

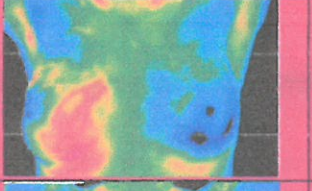

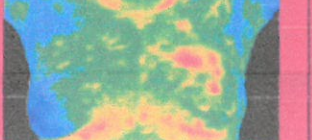
Date

Thermography Risk Scale

A Thermogram is not a photograph. It is an image produced by the heat radiated from the body. It is non-invasive

Grey Scale (Images): White is cool, Black is hot. Best use is for visualizing vessel patterns

Color Scale (Images): Red is hot, blue is cool. Rainbow spectrum. Best for visualizing regional temp. differences

Grey Scale	Color Scale	Risk Level	Explanations
		1	TH:1 risk is associated with 99% chance that there is no breast cancer present. The vascular pattern is minimal and there is excellent Rt/Lt thermal symmetry.
		2	TH:2* risk is associated with a 99% chance that there is no breast cancer present. There is relative symmetry between Rt and Lt and minimal vascular appearance and no hot spots. Nipple temperatures were measured and found to be identical. This patient started as TH:3* See below). Risk improved after a breast health protocol for several months.
		2-3	The Rt. breast is relatively non-vascular in appearance (B+W) and rather uniform in its temperature distribution (color). The Lt. breast has a hot spot in the upper inner portion. The grey scale shows a vessel in the shape of the letter 'D'. The color image shows more heat (yellow/red) in the Lt. breast.
		3	This patient started as a TH: 3* but after being on a breast health protocol became a TH: 2 (see the TH:2* image shown above). A TH:3 is generally accepted to be a medium or average risk. Currently the average risk for cancer for a woman in the U.S. is approximately 1 in 7. One study suggests a 40% chance of cancer within the next 5 yrs
		3	This TH:3 is more vascular than the one above it but the rating remains the same (TH:3). The vascular pattern clearly seen in the grey scale is typical of estrogen dominance. The color scale makes it easier to see that the Rt breast is warmer (lighter blue) than the Lt breast (darker, cooler blue).
		4	Mild TH:4 is moderate to high risk. Note the heat and strong vascular pattern in the Lt breast. The Lt nipple is much warmer than the Rt. suggestive of increased risk.
		4	Strong TH:4. Lt breast is warmer than the Rt (seen best in the color image) and it has a much stronger vascular pattern (see B+W image). The speckled (leopard) appearance in the B+W image is a typical estrogen dominance pattern.
		5	This is a known cancer in the Rt breast (see the red patch in the color image and strong vascular pattern in the B+W image). A TH:5 is associated with 90% chance that cancer is already present. This holds true even if the cancer is only starting as the first cell.
		5	Known cancer (see the red spot) in the upper Lt breast. The speckled (leopard) appearance in the grey scale is typical of estrogen dominance which raises a woman's risk for developing breast cancer.