



# The Thermogram Center

Thermal Imaging of the Breast & Body

Breast Health Education Group

**Better Breast Health – for Life!™**

local: **303-664-1139**

toll free: 866-492-2174

fax: 303-664-1146

P.O. Box 674

Louisville, CO 80027

[www.ThermogramCenter.com](http://www.ThermogramCenter.com)

[www.BetterBreastHealthforLife.com](http://www.BetterBreastHealthforLife.com)

## Consent to Imaging

**Instructions:** Please, read the following carefully. If you are in agreement with this consent form, sign, and date it at the bottom, and bring it to your appointment. Please, feel free to ask questions if there is anything that you do not understand.

Today's thermography/thermal (breast) imaging utilizes an ultra-sensitive infrared imaging camera, and sophisticated computer programming to visualize, and analyze the infrared heat emissions of the body at the skin surface. **The technology is completely safe**, and involves no radiation, touch, or health risk.

Thermography provides information about current and future risk only, and does not diagnose, treat, or cure health conditions. It is a risk assessment tool, and is not intended in any way to be a substitute for professional medical advice. Report findings should be discussed with your healthcare provider, and correlated with diagnostic tests before a final diagnosis, or treatment decision is made by your healthcare provider. The Thermogram Center is not a treatment, or diagnosing facility.

A thermogram is not a replacement for a mammogram, and a mammogram is not a replacement for a thermogram. Historically, the industry-wide false negative rate for breast risk assessment is six percent (6%). For clients seeking general health screening, it is important to know that there is limited medical research to correlate thermal findings diagnostically. However, clients seek thermal imaging as a non-invasive means of obtaining potential risk factors, or early warning signs, and information relevant to their state of health. Since not all health conditions present thermally, thermal imaging should not be used as a stand alone test. Similarly, the absence of thermal findings cannot rule out significant health conditions.

**In preparation for my imaging appointment**, I have been provided with pre-appointment instructions, and **I have complied with these instructions**. I understand that the imaging location I have chosen for my appointment is at an independently operated health provider office with no connection to The Thermogram Center, Inc.

**At my imaging appointment**, I understand that I will 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 of 68°-70°F), and imaging portion of the appointment. During acclimation, I will be alone in a room. During imaging, I understand that I will be in a room with a female technician who will have her back to me. While I will wear a gown for full body series imaging, I understand that I will be asked to raise/lower it as necessary to reveal the surface of the skin to the camera. In all cases, I will be expected to conceal my genitalia from the camera if it would otherwise be exposed. If at anytime either the technician or I feel unsafe or sense improper conduct, services may be refused by either individual.

**After my imaging appointment**, I understand that a Board Certified Clinical Breast Thermologist independently contracted by The Thermogram Center, Inc. will interpret my images and render my report. To enable his full and accurate analyses and reporting, I am providing pertinent health and history information. My thermal images and report will be made available to me through The Thermogram Center, Inc. by mail, or by pick-up. I have the option of having a second copy released to my referring healthcare provider via the Disclosure Statement & Release. I understand that there is a \$5 fee for additional copies if I should request them in the future. I understand that it is my responsibility and not the responsibility of The Thermogram Center, Inc. to obtain follow-up from my doctor/healthcare provider if my report findings suggest high/highest risk for a health condition. The Thermogram Center, Inc. is obligated to contact me to document follow up.

Having understood the above, and having received satisfactory answers to any, and all questions that I may have had concerning the purpose and outcome, zero risk factors, benefits, and uses of thermal imaging, I hereby consent to both the initial and subsequent imaging sessions.

Client or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_