



## **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  
www.BetterBreastHealthforLife.com

## **Disclosure Statement**

The Thermogram Center, Inc. is a Colorado Corporation: Tirza L. Derflinger is President and Business Manager. Additional services are provided by independent contractors:

- Colorado-Licensed Monitoring Physician services provided by: Nita Desai, MD
- Interpretive Services provided by: Kane Interpretive Services; Robert L. Kane, DC, DABCT, DIACT(B), FIACT; Nationally Certified Clinical Thermologist
- Image Acquisition provided by: Tirza Derflinger, CTT; Certified Clinical Thermographic Technician and Accredited Member of IACT and AAT

Each imaging location is provided by an independently operated health provider with no other connection to The Thermogram Center, Inc. Each location provides facilities and space without service supervision, client involvement, or medical liability.

Any personal, health, and/or history information and medical data we obtain from you or on your behalf will be protected as secure, private, and confidential. **Only the contracted technician, and interpretive doctor serving The Thermogram Center, Inc. will have access to your information. Your information will not be disclosed to anyone else without your expressed written consent.**

**If you were referred by a health care provider/professional, please complete the Health Care Provider Referral Form, as we need his/her name, address, and phone number to mail your reports to him/her.**

**Your health care provider/professional will provide your reports to you and discuss your report findings, risk factors and next steps.**

**If you were not referred by a health care provider/professional, reports are released only to you.**

By signing this form, I agree that I have read, understood, and complied with this Disclosure Statement.

Client (Guardian) Signature: \_\_\_\_\_ Date: \_\_\_\_\_