

FIT2B Breast & Body Thermography

Patient Information Sheet

Name: _____ Birthdate: _____

Address: _____ City: _____ Zip: _____

Email: _____ Phone: _____ Doctor: _____

All information given in the questionnaire will remain strictly confidential and will only be divulged to the reporting thermologist and any other practitioner that you specify.

Occupation: _____

Current Doctor: _____

Do you want a copy of the Thermography Report forwarded to your doctor? Yes No

Previous Illnesses: _____

Previous Surgery: _____

Current Health Problems: _____

Medications: _____

Other Treatments: _____

PATIENT DISCLOSURE

I understand that the Report generated from my images is intended for use by trained health care providers to assist in evaluation, diagnosis and treatment. I further understand that the Report is not intended to be used by individuals for self-evaluation or self-diagnosis. I understand that the Report will not tell me whether I have any illness, disease, or other condition but will be an analysis of the Images with respect only to the thermographic findings discussed in the Report.

By signing below, I certify that I have read and understand the statements above and consent to the examination.

Signature _____ Date _____

