

THERMAL MED RX., Inc.
Your Prescription For Life
601 Jefferson Davis Highway, Suite 201
Fredericksburg, Virginia 22401
540-368-5558
www.ThermalMedRx.com

Consent to Thermographic Examination

Patient's Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ SSN# _____ Age: _____ Sex: _____

Thermography requested by: Self Referring Doctor: _____
Ph#: _____

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

Thermography is a procedure utilizing liquid crystal or thermal imaging cameras, or both, to visualize and obtain an image of the infrared heat coming off the surface of the skin. The thermographic procedure is performed in order to analyze abnormal temperature patterns on the body that may or may not indicate the presence of a disease process. Consequently, a normal thermogram does not rule out the presence of significant pathology.

Thermography, along with X-ray, CT, MRI, mammography, ultrasonography and other imaging procedures, is not a stand-alone diagnostic tool. Like other imaging tests it is an adjunctive tool, which while reliable should be utilized by the treating physician along with other tests and analyses to arrive at a provisional or more complete diagnosis. No surgical procedure should be based on thermal imaging alone. Additional diagnostic procedures, which depend on the nature of the condition and/or body region, are needed to achieve a final diagnosis. This office provides only the thermographic component of a complete evaluation.

I understand that I will be disrobed (from the waist up for breast exams, and buttocks exposed for lower body exams) during part of the examination for both imaging and to allow for the surface temperature of my body to equilibrate with the room. I also have been informed that I will be alone with the doctor in the examination room and have the option of bringing someone with me to the exam. My body will be examined with a thermographic instrument, either liquid crystal, camera or both. I understand that this procedure does not use radiation, is not harmful to me, and that its sole function is to read the temperature patterns coming off my body. I also understand that a brief physical examination of any suspect areas found on the thermographic images may be performed in order to fully characterize the findings.

The information provided will be made available to my personal physician upon request for further diagnosis should an abnormality be detected. I have been informed about pre-examination preparation to insure the most accurate thermographic examination possible, and have complied with this protocol.

Having understood the above, and having received satisfactory answers to any and all questions that I may have had concerning the purpose and outcome, risk factors and benefits of thermographic examination, as well as the utilization of the procedure, I hereby consent to both initial and subsequent thermographic examinations. I also understand that thermography is not a substitute for mammography, ultrasonography, MRI or any other form of diagnostic imaging.

Patient's (Guardian's) Name: _____ Date: _____
(please print)

Patient's (Guardian's) Signature: _____

Witness: _____