

# Consent to Thermographic Procedure

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Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Thermography requested by:  Self  Referring Doctor: \_\_\_\_\_  
Ph#: \_\_\_\_\_

**Instructions:** Please read the following carefully. If in agreement with this consent form, sign and date it at the bottom while in the presence of the thermographic technician at the start of your procedure. Please feel free to ask questions if there is anything that you do not understand on this form.

Today's thermography is a procedure that utilizes an ultra-sensitive thermal imaging camera and sophisticated computer programming to visualize and obtain an image of the infrared heat emissions 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 procedures, 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. Thermography provides physiological imaging. X-ray, CT, MRI, mammography, and ultrasonography provide anatomical imaging. This office provides only the thermographic component of a complete evaluation.

I understand that I need to 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) and imaging portion of the procedure. During acclimation, I will be asked to don a patient gown just before a female technician enters the room in which I am acclimating. Following a brief verification of the data on my health history and assessment forms, she will turn her back to me, ask me to remove my gown (except from genitalia), face me briefly to visually inspect the skin surface to be imaged, turn her back to me, ask me to don my gown, and then she will depart from the room. To get from the acclimation room to the imaging room, and back again, I understand that I will be wearing a patient gown. During imaging, I understand that I will be in a room with a female technician and that I must remove my gown for imaging, (except from genitalia). If I cannot understand the technician's verbal instructions on how to position my body in front of the camera, I understand that the technician will be required to physically assist me. In all cases, I will be expected to use the gown to conceal my genitalia if it would otherwise be exposed.

I understand that I have the option of bringing someone with me to the procedure and in having that person(s) accompany me during any portion of the procedure. I understand that this procedure does not use radiation, is not harmful to me, and that its purpose is to record the temperature patterns coming off my body. To enable the interpreting doctor to evaluate and assess my images, I am providing pertinent health and history information. My images and interpretive reports will be made available to me by mail or by pick-up. I have been provided pre-procedural instructions to insure the most accurate thermographic procedure 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 complementary, not a substitute for mammography, ultrasonography, MRI or any other form of diagnostic imaging.

Patient's (Guardian's) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_