



Thermal Imaging Protocols & Preparation

Patient: _____ Date: _____

It is very important that you follow these simple instructions carefully to insure your thermographic examination is accurate. If you cannot follow any of the protocols listed below, please call the office prior to your appointment to discuss the matter and receive further instructions. Thank you for your cooperation and welcome to our center. Please check any items that you cannot or did not follow.

- 1) You cannot be sunburned or have a fever at the time of your examination. Avoid prolonged sun exposure for five days prior to the exam.
- 2) You should avoid chiropractic care, physical therapy, massage therapy, analgesic creams or balm, magnets or poultice for 24 hours prior to your examination. Discuss with your physician BEFORE discontinuing any of the above.
- 3) You should not drink coffee, tea, soda or other beverages containing caffeine for 4 hours prior to exam.
- 4) Do not smoke cigarettes, chew tobacco or use any product which contains nicotine the day of your examination unless ordered by your doctor.
- 5) Do not stimulate the nipple in any way for 12 hours prior to your examination.
- 6) Do not shave your under arms for 24 hours prior to your examination.
- 7) Do not wear deodorant the day of your examination.
- 8) Do not use creams, lotions, talcum powder, or other skin products on your breasts unless instructed by a physician.
- 8) Do not perform any rigorous exercise program for at least four hours prior to your examination.
- 9) Do not take a bath or shower in HOT water for at least 4 hours prior to your examination.
- 10) If having a lower body examination, do not shave your legs 48 hours prior.
- 11) You should inform us if you have had radiation treatment within the last 6 months.

I certify that I have complied with the above protocols and preparation instructions and/or that I have noted any protocol(s) I was unable to comply with so that a decision can be made as to whether or not I can have thermographic evaluation on the day scheduled.

Signature _____ Date: _____