



List any treatments you have had: _____

List any surgeries, especially related to your concern: _____

List any other medical conditions: _____

List any medications you are taking: _____

List and describe the locations of any rash or markings on your body: _____

Release for testing Procedure

Thermal Imaging provides physiological and functional diagnostic information and does not replace any other diagnostic procedure.

I have read the above information and understand that I am not receiving a diagnosis based on my thermal scan. I authorize this clinic's personnel to perform this and all subsequent thermal imaging examinations.

I have complied with the pre-examination instructions for proper thermal imaging.

Print name: _____

Signature: _____

Date: _____

Please do not write in this section

Digital Exam: _____ D Re-Exam: _____ Tech: _____ Patient T: _____ F

Laboratory
Temperature
_____ C