**Screening Breast Thermography**

**Patient Disclosure**

Breast thermography is a non-contact and non-invasive procedure. The value of thermography as a screening tool is its ability to measure skin temperature changes. It offers women information that no other procedure can provide regarding breast health.

B**reast thermography is not a replacement for or alternative to mammography or any other form of breast imaging.** Breast thermography and mammography are complementary procedures; one test does not replace the other. Breast thermography is meant to be used in addition to other tests or procedures.

Thermography captures and records temperature variations on the skin, which provides vital information directly influenced by complex metabolic and vascular activity. This information does not in any way suggest diagnosis and/or treatment. Studies show that the patient benefits when multiple tests are used together. This multimodal approach includes breast self-examinations, physical breast exams by a doctor, mammography, ultrasound, MRI, thermography, and other tests that may be ordered by your doctor.

***A reported “Thermographically Suspicious” finding does not indicate that it is suspicious for any specific disease.*** However, any suspicious finding will be accompanied with a strong and intentional recommendation for further clinical evaluation.

If you detect a lump or any other change in your breast before your next screening thermogram, consult your doctor immediately.

***Notice to patients presenting with previously diagnosed cancer***: Thermography interpretation in your report does not include information or recommendations related to the measured changes of disease beyond skin temperature changes and patterns. As there is no single known test capable of monitoring all biological influences of the complex disease generally diagnosed as cancer, continued monitoring with available additional testing as recommended by your personal physician is strongly advised.

*By Signing below, I certify that I have read and understand the statement above and consent to the examination*

Patient Signature *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Today’s Date*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*