

**Thermography Informed Consent Statement**

I consent to a thermography procedure by a certified clinical thermographer on the staff of Thermal Imaging Services. I understand that a thermographer is a photographer and not trained nor educated to read the results of my thermogram. I have been informed that a radiologist or medical doctor trained to read thermograms will read my thermogram and that I will be provided with the findings and images in a report form. I understand that thermography in no way replaces mammography, but rather is an adjunct procedure to a mammogram. I also understand that a biopsy is the only definite indicator for any high breast risks that might be present.

*Initial all that apply:*

\_\_\_\_\_ I have had a mammogram(s) in the past and am choosing to have a thermogram today.

\_\_\_\_\_ I have never had a mammogram and am choosing to have a thermogram today.

\_\_\_\_\_ I have had a thermogram(s) in the past and am choosing to have a follow-up today.

\_\_\_\_\_ I understand that it is my responsibility and decision to undergo a mammogram or biopsy if breast disease is indicated from a thermogram report.

I understand that a thermogram examines the physiological processes of the body versus the anatomical aspects of the body. I am consenting to this procedure without any pressure from a staff member of Thermal Imaging Services.

\_\_\_\_\_  
**Client or Responsible Party Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Kathy Markham, CCT