

Welcome to Thermal Imaging Services!  
Thermography 3, 6, or 9 Month Recheck

Date: \_\_\_\_\_ Recheck for 3 6 9 months (please circle one)

Name: \_\_\_\_\_

Address; \_\_\_\_\_

City & Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Please list any changes below since your last thermography.**

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