

If yes, date _____ Silicone Saline

Experience: Problems No problems

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OVER

1 of 2

9. Have you ever had any biopsies or any other surgeries to your breasts

If yes, date _____

Left breast Inner Outer Nipple

Right breast Inner Outer Nipple

Results Negative Positive Calcifications

10. Have you ever taken contraceptive pills for more than one year?

If yes, Currently Less than 5 years More than 5 years

11. Have you had pharmaceutical hormone replacement therapy (HRT)?

If yes, Currently Less than 5 years More than 5 years

12. Do you have an annual physical examination by a doctor?

13. Do you perform a monthly breast self exam?

14. Have you ever smoked?

15. Have you ever been diagnosed with diabetes?

16. Total mammograms _____

17. Date of last mammogram _____ Were you re-called?

18. Your age at your first mammogram? _____

19. Number of full term pregnancies? _____

20. Your age at birth of your first child? _____

21. Age when you started your period? _____

Do you have any special concerns or are there any details related to the information above?

Procedure: You will be imaged with a state of the art infrared imaging camera in comfortable and controlled surroundings. Your thermal imaging baseline reports will provide information about current and future conditions only and does not diagnose breast disease. Thermal imaging should be correlated with other medical investigative methods to better direct definitive testing for diagnosis and treatment. It does not replace any other breast examination.

Patient Disclosure: I understand that the report generated from my images is intended for use by a trained health care provider to assist in evaluation and treatment. I further understand that the report is not intended to be used by myself for self-evaluation or self-diagnosis. I understand that the report will not tell me whether, I have any illness, diseases, or other conditions, but will be an analysis of the images with respect only to the thermographic findings discussed in the report.

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

Patient Signature _____ Today's Date _____