



thermography  
clinic inc.

Georgian Bay~Simcoe

Tel: 705-444-9745

## THERMAL IMAGE AUTHORIZATION AND RELEASE

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

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel. (Res.) \_\_\_\_\_ Tel (Bus): \_\_\_\_\_ Email: \_\_\_\_\_

Referred by: \_\_\_\_\_

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Infrared Imaging is a non-contact, non-invasive test that demonstrates physiological patterns of your body. It is not a stand-alone diagnostic test and does not replace or discourage clinical findings, mammography, or any other structural examinations. The information provided by your thermal imaging is combined with your history to enable your health care provider to plan an approach to your care.

A licensed medical practitioner is the only qualified person to formulate a diagnosis. He or she must combine thermographic studies with your additional clinical and testing information to determine your problem. Infrared scans provide evidence of thermal asymmetries that may be present. An asymmetry may be indicative of a vascular, neurological, muscular or other physiological problem.

I have read the above information and understand that I am not receiving a diagnosis of any condition based solely on my thermal scan. I understand that a thermal scan is not invasive, and is a reading of thermal patterns on the surface of the body. From this information a qualified practitioner will interpret any thermal abnormality displayed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Technician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I (signature) \_\_\_\_\_ authorize this clinic to release information regarding my scans, or to send copies of my scans to the following health-care providers:

1. \_\_\_\_\_ 2. \_\_\_\_\_

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