



Thermographic Diagnostic Imaging

PHILIP GETSON, DO • BOARD CERTIFIED THERMOLOGIST

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INFRARED IMAGING INFORMATION: BREAST

Patient Preparation:

Please read the attached information carefully. Complete all paperwork prior to your arrival. Please print legibly. All information is confidential and is used by the physician to evaluate your thermal images.

No yoga, massage, sauna or strenuous exercise for at least 3 hours before your scheduled appointment.

Avoid excessively hot or cold liquids one half hour before exam.

Avoid smoking for two hours before the exam.

Avoid using lotions or powder on your breasts on the day of exam.

Avoid application of deodorant.

Avoid shaving the day of the exam to avoid skin abrasion.

Avoid sun exposure for extended periods of time the day before and on day of exam.

Please provide a list of medications and supplements either at the time of exam.

Notify the technician if you are taking Beta Blockers as a medication.

You will need to disrobe from the waist up and acclimate to room temperature for 10 minutes prior to your scan. The scan will take approximately 20 minutes.

If you are disabled or unable to sit or stand for twenty minutes please notify the scheduling technician. Complete testing requires your cooperation to image all areas affected.

Purpose of Test:

For early detection of abnormal changes in the breasts.

A “stress test” is included in your procedure. This involves chilling the hands to produce a physiological response. This helps to provide additional information to the physician who will read your scan.

Test Results:

Once your scan is complete it will take approximately two weeks before your results will be available. We will mail you a copy of the images and the report. Your scan results will include a recall period from six weeks to twelve months contingent upon findings.

Infrared imaging increases the chance of early detection of breast disease. Like all procedures it is not a 100 percent guarantee of detection. A complete program of breast health includes: monthly self exam, annual physician exam, annual thermal imaging, and anatomic testing as indicated. Ask your health care provider for additional information.

Patient Signature: _____ Date: _____ Tech Initial: _____
Date: _____



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Release for Testing Procedure

Infrared imaging is a non-contact, non-invasive test that demonstrates physiological patterns of your body. It is not a stand-alone diagnostic test. The information provided by your thermal scan 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 asymmetry. An asymmetry may be indicative of a vascular, neurological, muscular, inflammatory or other physiological problem.

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

I am aware that my insurance provider may not reimburse me for the cost of this test. I understand that I am required to pay for this exam at the time of testing.

Print and sign your legal name:

Date: _____

Signature of scanning technician: _____

Date: _____

RECORD RELEASE

I (signature) _____ authorize TDI to release information regarding my scans or to send copies of my scans to the following physicians: (You must provide doctors' names, addresses and phone numbers.)



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BREAST HEALTH QUESTIONNAIRE

First Name _____ Last Name _____ DOB _____ Age _____
Address _____ City _____ St. _____ Zip _____
Phone Number _____ Fax _____
E-Mail _____

MEDICATIONS:

Have you ever taken Birth Control pills? Yes ___ No ___ Age started _____
Years taken _____
Are you currently taking BC pills: Yes ___ No ___ Age started _____ Years taken _____
BC pills taken before 1st pregnancy: Yes ___ No ___
Estrogen: Yes ___ No ___ Name of Estrogen taken _____ Age started _____
Years taken _____
Progesterone: Yes ___ No ___ Name of Progesterone taken _____ Age started _____
Years taken _____
Type of Progesterone: Prescriptive ___ Natural ___ Oral ___ Cream ___
Other drugs: List (i.e. blood pressure medications, etc.) _____

List supplements: _____

RELEVANT HISTORY

General Information to Calculate Risk Index

Total days in Menstrual cycle _____ Today is _____ day in cycle Age started _____
Menopause age started _____ Hysterectomy: Yes ___ No ___ Age ___
Ovaries removed: Age _____ Ovary R _____ Ovary L _____
No. of pregnancies ___ Age at 1st preg. ___ No. live births _____
No. children nursed more than 1 month _____
Are you Caucasian ___ African American ___ Asian American ___ Native American ___
Lbs. overweight: 1-20 ___ 20-40 ___ 40-60 ___ 60 + _____
Have you experienced ANY blunt trauma to the chest? No ___ Yes ___ Year _____

FAMILY HISTORY OF BREAST CANCER

Self ___ Age ___ Mother ___ Sister ___ Daughter ___
Maternal grandmother ___ Maternal Aunt ___ Maternal Cousin ___
Paternal grandmother ___ Paternal Aunt ___ Paternal Cousin _____

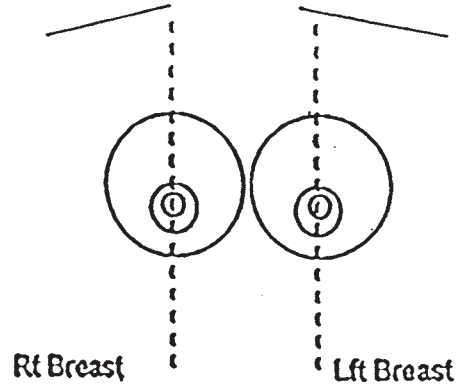


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BREAST HEALTH QUESTIONNAIRE - PAGE 2

Physical exam: Note by letter on the diagram the region of the breasts if affected by any of the following:

- A. Mass B. Thickening C. Discharge
D. Nipple change E. Skin change F. Area of pain
G. Burning H. Tender I. Dull ache
J. Sharp pain K. Implants



NOTES: _____

Have you ever had a biopsy? Yes ___ No ___ How many? ___
Needle biopsy ___ Surgical biopsy ___ L ___ R ___ Position ___ Year ___
Were you told it was : Benign ___ Suspicious ___ Malignant ___
Lumpectomy: Yes ___ No ___ R ___ L ___ Year of surgery ___
Mastectomy: Yes ___ No ___ R ___ L ___ Year of surgery ___
Radiation to breast: Yes ___ No ___ R ___ L ___ Month ___ Year ___
Chemotherapy: Yes ___ No ___ Month ___ Year ___

Date of last thermal image: _____ Date of last mammogram _____
Normal ___ Abnormal ___ Normal ___ Abnormal ___
Date of last breast ultrasound:
Normal ___ Abnormal ___

Room Temperature _____

The information supplied is to my knowledge true and complete.

Patient's Name _____

Signed: _____ Technician Initial: _____

Date: _____ Date: _____



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THERMAL INDICATOR PATIENT INFORMATION

INFRARED IMAGING AND BREAST HEALTH EVALUATION

Infrared thermal imaging determines if abnormal or asymmetric thermal patterns consistent with abnormal physiology are detectable in the breast tissue. This procedure is used as one of many diagnostic procedures.

Asymmetric thermal patterns in the breast are indicators of abnormal physiology. Abnormal findings must be correlated by the treating physician with additional diagnostic tools such as mammography, ultrasound, breast MRI and/or biopsy before a final diagnosis can be made. The results of the procedure provide physiologic data only and are not intended to be used as a stand alone procedure nor without clinical correlation. Infrared imaging does not detect all breast pathology. Infrared imaging does not rule out the need for structural evaluation.

The rating scale for breast thermography is as follows:

TH-1	Symmetric Bilateral - Non Vascular
TH-2	Symmetric Bilateral - Vascular
TH-3	Equivocal - One Thermal Factor Present
TH-4	Abnormal - Two factors Present
TH-5	Suspicious - Three Factors Present

RECALL PROCEDURE

An appropriate recall period for additional imaging is based on the Rating Scale. A clinical risk index is calculated by evaluating the history and physical information on the patient questionnaire completed at the time of the scan.

Recall procedure is important to monitor breast health and to follow any demonstrated changes. This is especially true if treatments such as hormones, diet, nutrition and/or lifestyle changes are being incorporated into your treatment plan.

CHANGES IN BREAST HEALTH

It is important to note that not all changes in breast tissue are cancerous. Thermal changes can be indications of hormone imbalance, inflammation, ductal inflammatory responses or a host of other NON-CANCEROUS problems. Thermal imaging is the least invasive way of detecting these changes. Further evaluation will be necessary to assist your physician in correcting the physiological change. However, early detection provides the best way to monitor suspicious changes. Monthly self-exam, yearly physician exam, yearly infrared imaging and anatomic testing when indicated, increase the effectiveness of early detection to greater than 95%.