



Breast Screening Preparation

Please bring this completed form with you to your appointment.

Thank you for choosing Health Medicine Center for your upcoming breast thermography screening. Your appointment has been scheduled as follows:

Patient: _____ **Appointment Date & Time:** _____

(Remember, the suggested time to schedule appointment: 2 weeks from the start of your last menstrual cycle)

Prior to your visit it is very important that you follow these instructions carefully to ensure your thermographic results are accurate. Please initial in each box below, indicating that you have complied with the protocols. If you have questions or concerns regarding these protocols, please contact our office prior to your appointment to avoid cancellation and a cancellation fee.

Prior to screening:

- I have waited 3 months after breast surgery or biopsy of the breast, the completion of chemotherapy or radiation.
- I have avoided any natural or artificial tanning of the chest for 7 days prior to the exam.
- I have not had a significant fever within 36 hours of the examination.

On the day before (24 hours prior):

- I have avoided any physical stimulation, examination or compression of the breast (self or clinical examination, ultrasound or mammogram, or chiropractic treatment.)
- I have refrained from a sauna, steam room, hot tub, or hot or cold pack use.

On the day of the exam, at least 4 hours prior:

- I have refrained from exercising, bathing or showering.
- I have not shaved my underarms, used creams, lotions, makeup, deodorants or powders on breasts or underarms.
- I have refrained from any tobacco use and caffeine-containing fluids or foods.
- I have refrained from pain medications (Including Tylenol, Aleve, Ibuprofen etc.).

Consult with your doctor before making any changes in medication use.

On the day of the exam at least 1 hour prior:

- I have not worn a bra to avoid any compression of the breasts.
- I have tried to refrain from nursing.

I certify that I have complied with the above protocols and preparation instructions. If I have not complied I will notify the office so that a decision can be made as to whether or not I can have a breast thermography scan. I understand that if I have NOT complied with any of these instructions and my appointment needs to be rescheduled as a result, I may be required to pay a \$95.00 cancellation fee.

Patient: _____ Date: _____

Please be prepared: The room will be 68 °F. You will be cooled in the room for approximately 15 minutes and the breast thermography screening will take approximately 15-20 minutes. Your total time in the room will be approximately 45 minutes. You will be undressed from the waist up for the entire 30-35 minutes. Even in the summer you may want to wear pants and socks, or have them with you.

Reports: You will receive a written report and a copy of your breast thermography images. Reports will be sent to you by mail within 14-21 days. Please bring the full address and/or fax number for the health professional(s) to whom you want a report sent.