



PATIENT INFORMATION SHEET

Region Being Scanned	Frequency of Visit
Head/Neck	Initial
Breast	3 Month
Upper Body	6 Month
Lower Body	Annual
Full Body	
Other:	

Contact Info

NAME	DATE OF BIRTH
ADDRESS	PHONE (Home)
CITY, STATE	(Work)
ZIP CODE	(Mobile)
EMAIL	

The Effectiveness of Your Scan is Directly Influenced by Adhering to the Guidelines Below:

One the day of your scan...

- ... No caffeine and no nicotine 2 hours prior to your appointment.
- ... No lotions, oils, powder, perfume, make up or deodorant to the region(s) being imaged.
- ... No massage, chiropractic or acupuncture treatments to the region(s) being imaged.
- ... No infrared sauna, excessive sun exposure or hot tub use.
- ... No heavy exercise on the morning of your exam.
- ... Any surgical procedure to the breast region will require a 3 month period of healing before utilizing this imaging technology.

I have read the above listed guidelines and I acknowledge that I have complied accordingly.

Signature:

Current Medications

Bio-identical HRT: (Ex: Tri-est, Bi-est, DHEA, etc.)

Synthetic HRT: (Ex: Premarin, PremPro, Provera, etc.)

Natural Thyroid: (Ex: Nature-Throid, Armour, etc.)

Synthetic Thyroid: (Ex: Synthroid, Levothyroxine, Cytomel, etc.)

Other medications (dosages and supplements need NOT be listed):