Alberta Thermography & Women's Holistic Clinic
13137-156 Street Edmonton, AB T5V 1V2

Alberta Thermography & Women's Holistic Clinic
freedom to choose

THERMAL IMAGE AUTHORIZATION AND RELEASE

Date: _____ Date of Birth: _____

Name: _____ Street: _____

City: _____ Province: _____ Postal Code: _____

Tel. (Res.) _____ Tel (Bus): _____ Email: _____

Referred by: _____

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.

Print and sign your legal name: _____

Date: _____

Signature of scanning technician: _____

Date: _____

I (signature) _____ authorize this clinic to release information regarding my scans, or to send copies of my scans to my referring physician:

Address/Phone Number of Referring Physician: _____