

# PATIENT INFORMATION SHEET



## Region Being Scanned

- Head/Neck
- Breast
- Upper Body
- Lower Body
- Full Body

## Frequency of Visit

- Initial
- 3 Month
- 6 Month
- Annual

Other:

## Contact Info

NAME	<input type="text"/>	DATE OF BIRTH	<input type="text"/>
ADDRESS	<input type="text"/>	PHONE (Home)	<input type="text"/>
CITY, STATE	<input type="text"/>	(Work)	<input type="text"/>
ZIP CODE	<input type="text"/>	(Mobile)	<input type="text"/>
EMAIL	<input type="text"/>		

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

### On 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):