



*Solutions for Health*

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**The following PRE-IMAGING protocols MUST be followed. Not following these requirements will necessitate rescheduling your thermogram. Please contact us if you have any questions.**

Pre-examination Preparation: Pre-examination preparation instructions are of great importance in decreasing thermal artifacts and obtaining a meaningful thermogram.

- No sun bathing of the area to be imaged 5 days prior to the exam. You cannot be sunburned in the area to be imaged and you cannot have a fever. If you are sick, please reschedule.
- No use of lotions, creams, powders, or makeup on the body area to be imaged the day of the exam.
- For breast or upper body thermograms, do not shave underarms for 24 hours prior to exam. Lower body thermograms do not shave your legs for 24 hours prior to exam.
- On upper body imaging (including breast), no use of deodorants or antiperspirants the day of the exam.
- No physical therapy, EMS, TENS, ultrasound treatment, acupuncture, chiropractic, hard physical activity, hot or cold pack use for 24 hours before the exam. If having a breast thermogram or upper body thermogram, do not stimulate the nipple for 12 hours prior to the exam.
- No exercise 4 hours prior to the exam.
- If bathing, it must be no closer than 4 hours before the exam if using hot water.
- If possible, avoid the use of pain medications, muscle relaxers and vasoactive drugs the day of the exam. The patient must consult with their doctor before changing any aspect of your medication and medication dosing schedule. We can still complete your thermogram if on these medications.
- Avoid the use of caffeine and nicotine for a minimum of 4 hours prior to imaging.
- For breast imaging, if the patient is nursing they should try to nurse as far from 1 hour prior to the exam as possible. Generally, routine thermographic breast imaging is not recommended for at least three months after nursing has been completely stopped.

I acknowledge I have followed these pre-imaging protocols completely.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Confirmed by thermography tech: Wagner \_\_\_\_\_ Wedge, L.Ac. (Circle) \_\_\_\_\_ Initials \_\_\_\_\_