



Solutions for Health

Premier Acupuncture & Complementary Medicine, Inc.
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Welcome Back!

We are happy to see you back for a follow-up breast thermogram. When you received your initial thermogram you took steps to improve your odds of maintaining breast health and when combined with other approaches (self-exam, clinical exam, mammogram, etc.) to looking for evidence of breast pathology, increase your chances of early detection of pathologic changes such as cancer, should they develop. We encourage you to continue with routine thermographic assessments. If thermographic findings are abnormal, we encourage you to take the necessary steps to improve breast health and complete additional imaging as may be indicated.

When completing the forms, keep in mind these are PDF forms that can be completed on your computer; if possible, please do so as the forms are easier to read. There are few areas you will need to complete after printing the document. Once completed, print all the pages you will need to bring with you to your appointment. Please be sure to bring them.

If you have not read our book titled Breast Thermography – What Every Woman Must Know Prior To Receiving A Breast Thermogram, we have included a PDF copy of the book in this email. It is also available on Amazon. We hope you find the book informative. We have also included an article by a breast imaging specialist discussing mammography and thermography. You likely received this article in the past when you scheduled a previous breast thermogram, but in case you have not seen it, we have attached it to this email. Please let us know if you have questions. We want to not only provide you with the best in breast thermography, we want to address any questions you might have, and if desired, provide post imaging care to help you improve breast health.

If you have any questions, please contact us. We are looking forward to seeing you seen.



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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 _____

Infrared Breast Imaging

Patient's Name: _____ **Date:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Phone #: _____ **Date of Birth:** _____ **Age:** _____ **Sex:** _____

Have you ever been diagnosed with breast cancer? Y N Date: _____ R L Breast
 Do you have a family history of breast cancer? If yes, who? _____

Date of your last mammogram:
 Was it: Normal Abnormal Suspicious Watchful – R L Breast

Date of your last breast ultrasound: _____ Were both breasts imaged? Y N
 Was it: Normal Abnormal Suspicious Watchful – R L Breast

Was a follow up biopsy recommended after your LAST mammogram, ultrasound, or MRI? Y N

Date of last breast exam by a doctor: _____ Normal Lump Thickening – R L

Any tests recommend after this last breast exam? (ex. mammogram)

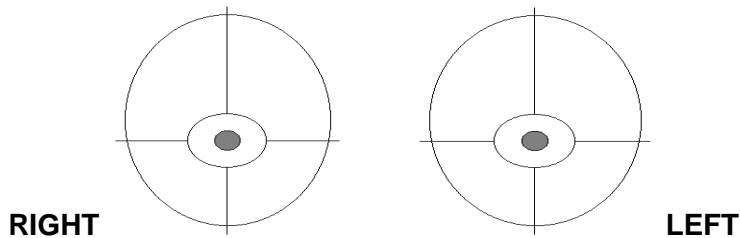
Date of any breast biopsies: _____ R L Breast
 What was found on the biopsy? Cancer Other _____ R L Breast
 Any breast surgeries? Date and what was done? _____ R L Breast
 Have you had a mastectomy? Yes No Complete Partial Date: _____ R L Breast
 Was the nipple removed? Y N Was the surface skin of the original breast entirely removed? Y N
 Any breast reconstruction? What was done? (ex. trans flap, implant) _____ R L Breast
 Any breast radiation treatment? Date of last treatment _____ R L Breast

Are you currently pregnant? Y N Are you currently nursing? Y N

Are you CURRENTLY experiencing any of the following with your breasts: None

Lump Thickening (date found _____ found by Self breast exam Doctor exam)
 Pain: Dull Sharp Burning Stinging Tenderness The pain changes with my cycle Yes No
 Thickening Skin changes (Color Texture Over a lump)
 R L Nipple discharge (Bloody Milky Clear Through 1 duct Through multiple ducts)
 R L Nipple retraction (For many years Recently) R L Nipple changes (Color Texture)
 Other _____

Place an [O] on the diagram in the exact area of the lump. [M] for a finding on your mammogram / ultrasound / MRI. [W] for an area being watched. [X] in the area of pain, tenderness, or skin changes. [#] in the area of thickening. [+++] in the area of scars



Re-Exam

High T: _____ Low T: _____ Tech: _____
 Pt T = _____ F Rm T = _____ C R L Nipple retraction R L Areola traction SLQ SMQ ILQ IMQ
 R L Skin surface bulge or dimple SLQ SMQ ILQ IMQ R L Skin changes SLQ SMQ ILQ IMQ
 R L Nipple changes (Color Texture) R L Nipple discharge (Bloody Milky Clear – S M)