



THERMOGRAPHIC DIAGNOSTIC IMAGING
PHILIP GETSON, D.O. • BOARD CERTIFIED THERMOLOGIST
GARDEN STATE COMMUNITY MEDICAL CENTER
100 BRICK ROAD • SUITE 206 • MARLTON, NJ 08053
Phone: (856) 596-5834 • Fax: (856) 983-0908

WHAT TO DO BEFORE YOUR SCAN: BREAST

PATIENT PREPARATION: Please read the attached information carefully. Complete all paperwork prior to your arrival. Please print legibly. All information is confidential and is used by the physician to evaluate your thermal images.

- The technician will discuss any questions and concerns about any aspect of the examination.
- The technician will refer specific treatment or prognostic questions to the patient's attending physician.
- No yoga, massage, sauna, strenuous exercise, or physical therapy the day of your scheduled appointment.
- No physical stimulation or treatment of the breasts, chest, neck, or back the day of the exam (no chiropractic, acupuncture, TENS, physical therapy, electrical muscle stimulation, ultrasound, massage, or ice or heat use).
- Do not wear an underwire bra on the day of the exam.
- No caffeine for 2 hours before the exam.
- No smoking for 2 hours before the exam.
- No bathing or showering closer than 1 hour before the examination.
- No use of lotions or powder on your breasts on the day of exam.
- No application of deodorant/antiperspirant on the day of exam.
- No shaving the day of the exam to avoid skin abrasion.
- Avoid prolonged sun exposure 2 days before and on the day of exam – if sunburned, please reschedule.
- Continue to take all prescribed medications, but provide a list of such medications and supplements to the technician at the time of the exam. Specifically notify the technician if beta blockers are being taken as a medication.

You will need to disrobe from the waist up and acclimate to room temperature for 10 minutes prior to your scan. The scan will take approximately 10 minutes.

If you are disabled or unable to sit or stand for five minutes, please notify the scheduling technician. Complete testing requires your cooperation to image all areas affected.

PURPOSE OF EXAM: For early detection of physiologic changes in the breasts.

A “stress test” is included in your procedure. This involves cooling the hands to produce a physiological response by holding an ice pack for one minute. This helps to provide additional information to the physician who will read your scan.

TEST RESULTS: Once your scan is complete it will take up to two weeks before your results will be available. We will mail you a copy of the images and the report. Your scan results will include a recall period from three to twelve months contingent upon findings.

Infrared imaging provides information regarding the physiology of the studied areas. A complete program of breast health includes: monthly self-exam, annual physician exam, annual thermal imaging, and anatomic testing as indicated.

Patient Signature: _____

Date: _____

Tech Initial: _____

Date: _____



THERMOGRAPHIC DIAGNOSTIC IMAGING
PHILIP GETSON, D.O. • BOARD CERTIFIED THERMOLOGIST
GARDEN STATE COMMUNITY MEDICAL CENTER
100 BRICK ROAD • SUITE 206 • MARLTON, NJ 08053
Phone: (856) 596-5834 • Fax: (856) 983-0908

Release for Testing Procedure

Infrared imaging provides information regarding the physiology of the studied areas. It should be used as an adjunct to history, physical exam, laboratory tests, and anatomic imaging studies to arrive at a diagnosis and help formulate a treatment plan.

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 any physiologic problem that may exist. Infrared scans provide evidence of thermal asymmetry. An asymmetry may be indicative of breast disease or of a vascular, neurological, muscular, inflammatory or other physiological problem.

I have read the above information and I understand that I am not receiving a diagnosis of any condition based solely on my thermal scan. I understand that a thermal scan is non-invasive and is reading the thermal patterns on the surface of my body. From this information a qualified medical practitioner will interpret any thermal abnormality displayed.

I understand that I am required to pay for this exam at the time of testing. I am aware that my insurance provider may not reimburse me for the cost of this test.

Print and sign your legal name:

Date: _____

Signature of scanning technician: _____

Date: _____

RECORD RELEASE

I (signature) _____ authorize TDI to release information regarding my thermograms or to send copies of my report to the following physicians: (You must provide doctors' names, addresses, email, and phone numbers.)

Name: _____

Address: _____

Phone: _____

Email: _____



THERMOGRAPHIC DIAGNOSTIC IMAGING
PHILIP GETSON, D.O. • BOARD CERTIFIED THERMOLOGIST
GARDEN STATE COMMUNITY MEDICAL CENTER
100 BRICK ROAD • SUITE 206 • MARLTON, NJ 08053
Phone: (856) 596-5834 • Fax: (856) 983-0908

BREAST HEALTH QUESTIONNAIRE

First Name _____ Last Name _____ DOB _____ Age _____
Address _____ City _____ St. _____ Zip _____
Phone # _____ Cell# _____ Fax# _____
E-Mail _____ Referral Source _____

MEDICATIONS:

Have you ever taken Birth Control pills? Yes ___ No ___ Age started _____
Years taken _____
Are you currently taking BC pills: Yes ___ No ___ Age started _____ Years taken _____
BC pills taken before 1st pregnancy: Yes ___ No ___
Estrogen: Yes ___ No ___ Name of Estrogen taken _____ Age started _____
Years taken _____
Progesterone: Yes ___ No ___ Name of Progesterone taken _____ Age started _____
Years taken _____
Type of Progesterone: Prescriptive ___ Natural ___ Oral ___ Cream ___
Other drugs: List (i.e. blood pressure medications, etc.) _____

List supplements: _____

RELEVANT HISTORY

General Information to Calculate Thermographic Risk Index:

Total days in Menstrual cycle _____. Today is _____ day in cycle. Age started _____
Menopause age started _____ Hysterectomy: Yes ___ No ___ Age _____
Ovaries removed: Age _____ Ovary R _____ Ovary L _____
No. of pregnancies _____ Age at 1st pregnancy _____ No. live births _____
No. of children nursed more than 1 month _____ When did you stop nursing _____
Are you Caucasian ___ African American ___ Asian American ___ Native American ___
Lbs. overweight: 1-20 ___ 20-40 ___ 40-60 ___ 60 + _____
Have you experienced ANY blunt trauma to the chest? No ___ Yes ___ Year _____
Do you consistently use antiperspirants? Yes ___ No ___

FAMILY HISTORY OF BREAST CANCER

Self _____ Age _____ Mother _____ Sister _____ Daughter _____
Maternal Grandmother _____ Maternal Aunt _____ Maternal Cousin _____
Paternal Grandmother _____ Paternal Aunt _____ Paternal Cousin _____

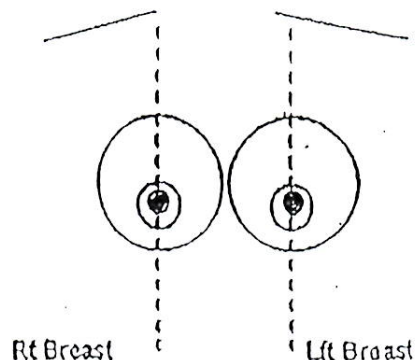


THERMOGRAPHIC DIAGNOSTIC IMAGING
PHILIP GETSON, D.O. • BOARD CERTIFIED THERMOLOGIST
GARDEN STATE COMMUNITY MEDICAL CENTER
100 BRICK ROAD • SUITE 206 • MARLTON, NJ 08053
Phone: (856) 596-5834 • Fax: (856) 983-0908

BREAST HEALTH QUESTIONNAIRE - PAGE 2

Physical Exam: Note by letter on the diagram
the region of the breasts if affected by any of
the following:

- | | | |
|------------------|----------------|-------------------|
| A. Mass | B. Thickening | C. Discharge |
| D. Nipple change | E. Skin change | F. Area of pain |
| G. Burning | H. Tender | I. Dull ache |
| J. Sharp pain | K. Implants | X. Area of biopsy |



NOTES: _____

Have you ever had a biopsy? Yes ___ No ___ How many? ___
Needle biopsy ___ Surgical biopsy ___ L ___ R ___ Position ___ Year ___
Result: Benign ___ Suspicious ___ Malignant ___
Lumpectomy: Yes ___ No ___ R ___ L ___ Year of surgery ___
Mastectomy: Yes ___ No ___ R ___ L ___ Year of surgery ___
Radiation to breast: Yes ___ No ___ R ___ L ___ Month ___ Year ___
Completion Date: _____
Chemotherapy: Yes ___ No ___ Month ___ Year ___

Date of last thermal image: _____ Date of last breast ultrasound: _____
Normal ___ Abnormal ___ Normal ___ Abnormal ___
Date of first mammogram: _____ Date of last mammogram: _____
Normal ___ Abnormal ___ Normal ___ Abnormal ___
Date of last breast MRI: _____ Total # of mammograms: _____
Normal ___ Abnormal ___

To the best of my knowledge the information supplied is true and complete.

Patient's Name: _____

Technician Initial: _____

Signed: _____

Date: _____

Date: _____

Room Temperature: _____



THERMOGRAPHIC DIAGNOSTIC IMAGING
PHILIP GETSON, D.O. • BOARD CERTIFIED THERMOLOGIST
GARDEN STATE COMMUNITY MEDICAL CENTER
100 BRICK ROAD • SUITE 206 • MARLTON, NJ 08053
Phone: (856) 596-5834 • Fax: (856) 983-0908

THERMAL INDICATOR PATIENT INFORMATION

INFRARED IMAGING AND BREAST HEALTH EVALUATION

Infrared thermal imaging determines if abnormal or asymmetric thermal patterns consistent with abnormal physiology are detectable in the breast tissue. This procedure is used as one of many diagnostic procedures.

Asymmetric thermal patterns in the breast are indicators of abnormal physiology. Abnormal findings must be correlated by the treating physician with additional diagnostic tools such as mammography, ultrasound, breast MRI and/or biopsy before a final diagnosis can be made. The results of the procedure provide physiologic data only and are not intended to be used as a standalone procedure nor without clinical correlation. Infrared imaging does not detect all breast pathology. Infrared imaging does not rule out the need for structural evaluation.

The rating scale for breast thermography is as follows:

TH-1	Symmetrical Bilateral - Non-Vascular (non-suspicious, normal study)
TH-2	Symmetrical Bilateral - Vascular (non-suspicious, normal study)
TH-3	Equivocal - Low index of suspicion
TH-4	Abnormal - Moderate index of suspicion
TH-5	Suspicious - High index of suspicion

THERMAL RE-EVALUATIONS

An appropriate recall period for additional imaging is based on the Rating Scale in conjunction with the patient's history. A clinical risk index is calculated by evaluating the history and physical information on the patient questionnaire completed at the time of the scan.

Thermal re-evaluations are important to monitor breast health and to follow any demonstrated changes. This is especially true if treatments such as hormones, diet, nutrition, and/or lifestyle changes are being incorporated into your treatment plan.

CHANGES IN BREAST HEALTH

It is important to note that not all changes in breast tissue are cancerous. Thermal changes can be indications of hormone imbalance, inflammation, ductal inflammatory responses, prior trauma, or a host of other NON-CANCEROUS problems. Thermal imaging is a non-invasive way of detecting these changes. Further evaluation will be necessary to assist your physician in correcting the physiological change. However, early detection provides the best way to monitor suspicious changes. Studies suggest that monthly self-exam, yearly physician exam, yearly infrared imaging and anatomic testing increase the effectiveness of early detection to greater than 95%.