

Patient Disclosure

I understand that the report generated from my images is intended for use by trained health care providers to assist in evaluation, diagnosis and treatment. I further understand that the report is not intended to be used by individuals for self-evaluation or self-diagnosis.

I understand that the report will not tell me whether I have any illness, disease, or other condition but will be an analysis of the images with respect only to the thermographic findings discussed in the report. These images/reports are sent and received electronically.

I further understand that Prairie Thermography does not provide advice nor treatment with respect to these images and reports. Prairie Thermography is responsible only for the taking of images and transfer of information between myself, EMI and any person/group that I have designated.

By signing below, I certify that I have read and understand the statements above and consent to the examination. This information is confidential. All information is correct to my knowledge.

SIGNATURE_____ **DATE**_____

PRINT NAME_____