



Breast Thermal Imaging

In 1956 Ray Lawson showed increased heat on the breast surface and venous blood of breast cancer. Gros and Guthrie of Strausberg, France, Pistoletti of Italy, and Atsumi of Japan correlated neoplasia and thermal breast skin signal. At that time it was thought that heat was generated by the tumor. In 1978, Jean of Mellon-Carnegie University demonstrated an angiogenesis factor in breast cancer and breast tissue. A British surgeon, Lloyd Williams of Bath, England, showed survival was directly related to the thermal expression, more than any other method of calculating survival. The same surgeon was able to demonstrate this again in the late 1960's and again in the mid-1980's.

Judith Folkman demonstrated in 1988 that angiogenesis was necessary for a tumor to progress from localized to invasive. He also demonstrated that an enzymatic stimulation of the vasculature took place as a result of tissue exposure to this angiogenesis factor.

The abnormal thermal signal detected during these tests, precedes other clinical tests such as x-ray, mammography, ultrasound and MRI, by 6-12 months. This method of early detection is nontoxic, and does not involve squeezing the tissue.

Surgical procedures such as implants, reductions, and biopsies do not interfere with infrared imaging. Breast thermography is perfectly safe during pregnancy and nursing. The menstrual cycle does not affect the test.

Preparation

In order to make sure your body provides reliable information, please follow the following instructions:

- No prolonged sun exposure (especially sunburn including tanning beds) to the breasts 5 days prior to your exam.
- No alcohol 24 hour prior to your exam.
- No use of lotions, creams, powders, or makeup on the breasts the day of your exam.
- No use of deodorants or antiperspirants on the day of your exam.
- No physical stimulation or treatment of the breasts for 24 hours before your exam.
- No physical activity/exercise 4 hours prior to your exam.
- Do not bathe within 2 hours of your exam.
- Do not nurse within 1-2 hours of your exam.

If you have any other questions, please contact our clinic at 513-956-3200, ext. 4.



PATIENT INFORMATION RECORD
PLEASE PRINT LEGIBLY

EXAM DATE: _____

PATIENT FIRST NAME MIDDLE INITIAL	LAST NAME	SINGLE	WIDOWED
		MARRIED	DIVORCED
STREET ADDRESS	CITY, STATE, ZIP CODE	TELEPHONE NUMBER ()	
BIRTHDATE AGE	PATIENT'S SOCIAL SECURITY NUMBER	PATIENT'S CELL NUMBER ()	
LIST ANY OTHER NAME YOU HAVE USED	OCCUPATION	PATIENT'S VOICE MAIL ()	
EMPLOYER	ADDRESS, CITY, STATE, ZIP CODE	EMPLOYER TELEPHONE	EXT ()
SIGNIFICANT OTHER	BIRTHDATE	OCCUPATION	
EMPLOYER	ADDRESS, CITY, STATE, ZIP CODE	EMPLOYER TELEPHONE	EXT ()

REFERRED BY:

REFERRING PHYSICIAN _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE __ (____) _____

Thermal Imaging – Breast Health History

Name: _____ Email: _____ Date: _____

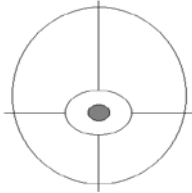
Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Sex: _____ Referred by: _____

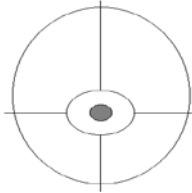
Phone: Work: _____ Home: _____ Cell: _____

Please list any concerns with your breasts: _____

Place an “x” on the diagram in the area of your concern:



Right Breast



Left Breast

Office Use Only –

Date of last physical breast exam by doctor _____

Results: _____

Date of last mammogram _____

Results: _____

Dates of breast ultrasound, MRI, biopsy or other breast test _____

Results: _____

Please check all that apply:

- Fibrocystic or cystic breasts? Other breast conditions? _____

- Previous breast cancer diagnosis? Where and what type? _____
- Breast surgery? When and what was done? _____
- Radiation treatment to breasts? Date last performed? _____
- Family history of breast cancer? Who? _____
- Have children? How many? _____ Age at first full term pregnancy: _____
- Breast feeding: Currently? Y N How many children longer than 1 month? _____
- Pregnant? If not, current cycle day _____
- Menopause? What age did it begin? _____
- Birth control pill use? How many years? _____ Currently taking? Y N

- Prescription hormone replacement? How many years? _____ Currently using? Y N
- Progesterone cream or supplements to balance hormones? What types? _____
 _____ Currently using? Y N
- Other medications? Please list: _____

- Had both ovaries removed? At what age? _____

Consent for Testing Procedure

Thermal Imaging creates a picture of the breasts' temperature and may help determine current and future risk for disease such as cancer. It does not diagnose disease and cannot replace mammography or any other diagnostic procedure. I have read the above information and understand the benefits and limitations of thermal imaging as described above.

I have received the pre-examination instructions for proper thermal imaging prior to this appointment and have complied with them. I authorize this clinic's personnel to perform this thermal imaging examination.

Print Name _____ **Signature** _____ **Date** _____

Please do not write in this section

Tech _____ Patient Type = Female Lab Temp. _____ Degrees

Notes _____

Doctor in charge of your breast health: Name _____
 Address _____
 City _____ St _____ Zip _____
 Phone: _____

May we send your doctor the report? Y N

One (1) report will be sent to the doctor in charge of your breast health. Two (2) complimentary copies will be sent to you for your file and/or any additional doctor(s).



BLATMAN PAIN CLINIC
10653 TECHWOODS CIRCLE, SUITE 101
CINCINNATI, OHIO 45242
513-956-3200

Directions to our office:

75 Southbound:

75 South to 275 East
Exit onto Reed Hartman Highway (3 exits) turn right
At the 5th or 6th light turn left onto Creek Road.
Make a right at the first driveway on the right, which is
Techwoods Circle
Turn into the 4th driveway on the right
Take an immediate left and park in designated area.

75 Northbound:

75 North to 275 East
Exit onto Reed Hartman Highway (3 exits) turn right
At the 5th or 6th light turn left onto Creek Road.
Make a right at the first driveway on the right, which is
Techwoods Circle
Turn into the 4th driveway on the right
Take an immediate left and park in designated area.

71 Southbound:

Exit Pfeiffer Road
Take a right at the light onto Pfeiffer Road
Turn right onto Kenwood Road
At light make a left onto Creek Road
Take a left onto Techwoods Circle
Turn Left into 3rd driveway, which is after Candlewood Hotel
Take and immediate left and park in designated area

71 Northbound:

Exit Pfeiffer Road
Take a left at the light onto Pfeiffer Road
Turn right onto Kenwood Road
At light make a left onto Creek Road
Take a left onto Techwoods Circle
Turn Left into 3rd driveway, which is after Candlewood Hotel
Take and immediate left and park in designated area