

VANCOUVER
2566 Tempe Knoll Drive,
North Vancouver, BC V7N 4J1
t: (778) 340-1947

CALGARY
26 Discovery Hts, SW
Calgary, AB T3H 4Y6
t: (403) 686-2113



Suzanne Sutherland
**THERMOGRAPHIC
IMAGING**

BREAST THERMOGRAPHY FOLLOW-UP

Name: _____

Date of Birth: _____
mm / dd / yyyy

Date of Exam: _____
mm / dd / yyyy

Date of previous exam:

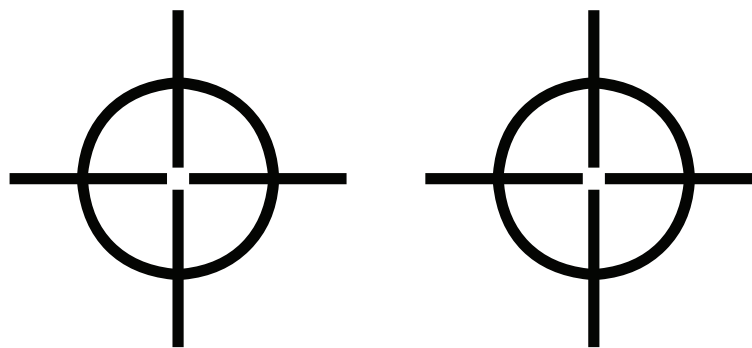
Right Breast Score: _____

Left Breast Score: _____

SINCE YOUR LAST THERMOGRAM HAVE YOU:

- Y N Been diagnosed with any Breast Conditions?
 None Fibrocystic Cystic Other _____
- Y N Had a Mammogram? If so please provide date _____
Was it: Normal Abnormal Suspicious Being watched R L Breast
- Y N Had any Breast Ultrasounds? If so please provide date _____
Was it: Normal Abnormal Suspicious Being watched R L Breast
- Y N Had a Breast Exam by a doctor? If so please provide date _____
Was it: Normal Lump Found R L Breast
- Y N Had any breast Biopsies, Surgeries, Procedures or other forms of Screening to your
breasts since your last Thermogram? If so, when and what type _____
_____ R L Breast

Place an [O] on the diagram in the exact area of the lump, finding on your Mammogram, or area being watched, and an [X] in the area of pain, tenderness, thickening, or skin changes.



RIGHT BREAST

LEFT BREAST

Please note any other concerns/issues that might have arisen since your last Thermogram:

Signature: _____

e: info@breastthermography.ca **w:** www.breastthermography.ca