



be Well

DIGITAL INFRARED THERMAL IMAGING

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REQUISITION/REFERRAL FOR THERMAL IMAGING

Call Patient to Schedule

Patient Name: DOB:

Pt Phone: (H) (C) Appt. Date/Time:

Referring Physician: Today's Date:

Office Contact : Office Phone:

Email report to: Chart #:

Mail report to:

TEST

- Upper Body (15-20 views from pubic bone to head)
Upper Body and Breast Imaging (17-20 views) - please use additional breast form if needed
Full Body (22-24 views from head to toe)
Full Body and Breast Imaging (22-26 views) - please use additional breast form if needed
ROI Head & Neck ROI Shoulders ROI Wrist and Hands ROI Ankles and Feet
Region of Interest (ROI) Other:

ICD10 Code:

ICD10 Code:

ICD10 Code:

ICD10 Code:

SYMPTOMS AND INDICATIONS

NEUROLOGICAL

- Causalgia
Cord Pain/Injury
Carpal Tunnel Syndrome
Lower Motor Neuron Disease
Median Nerve
Morton's Neuroma
Nerve Impingement
Neuropathy
Nerve Entrapment
Nerve Impingement
Nerve Pressure
Nerve Root Irritation
Nerve Stretch Injury
Nerve Trauma
Neuropathy
Neurovascular Compression
Neuralgia
Neuritis
Neuropraxia
Peripheral Nerve Injury
Peripheral Axon Disease
Sensory Loss

- Sensory Nerve Abnormality
Trigeminal Neuralgia
Ulnar Nerve Entrapment

VASCULAR

- Arteriosclerosis
Carotid Inflammation
Deep Vein Thrombosis
External Carotid Insufficiency
Peripheral Circulation Eval.
Raynaud's Disease
Stroke Screening
Superficial Vascular Disease
Temporal Arteritis

HEAD/NECK

- Headache Evaluation
Sinus Evaluation
TMJ Evaluation

OTHER

- General Exam
Brachial Plexus Injury
Immune Disorders
Inflammatory Disease
Lupus
Neoplasia
Nutritional Disease (ie: Diabetes)
Somatic symptom Disorder
Skin Abnormalities
Thyroid function

MUSCULAR/SKELETAL

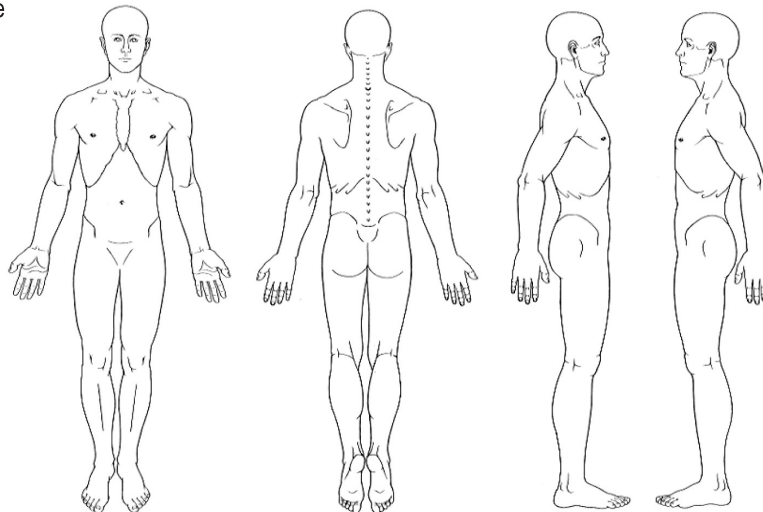
- Asthenia
Bursitis
Compartment Syndromes
Chronic Trigger Points
Disc Disease
Disc Syndromes
Facet Syndrome
Fracture
Herniated Disc
Herniated Nucleus Pulposus
Hyperextension Injury
Hyperflexion Injury
Joint Dysfunction (specify):
Lumbosacral Plexus Injury
Ligament Tear
Muscle Tear
Musculoligamentous Spasm
Myofascial Irritation
Mystery Pain
Referred Pain Syndrome
Reflex Sympathetic Dystrophy
Ruptured Disc
Synovitis
Soft Tissue Injury
Sprain/Strain
Tendonitis
Whiplash

Primary Pain *

Secondary Pain O

Numbness //

Pins and needles :::::



Comments:

Blank lines for patient comments.

Doctor Requisition (11/17)

SCHEDULING

Phone: 239.250.9312

Email: jo@bwditi.com

Online: www.vagaro.com/bewell

PATIENT INSTRUCTIONS

These restrictions are advised to prevent overheating of the body and to limit increased blood flow and circulation to areas of concern. Keep skin stimulation to a minimum prior to your scan to obtain the most accurate information.

- 1. Five days prior to scan:** Avoid prolonged sun exposure or tanning booth. Sunburn would preclude the exam.
- 2.** Do not schedule your Thermogram during menstruation or within 2-3 days before the start of your cycle. Estrogen stimulation and circulation are highest during those times.
- 3. Within 24 hours of your scan:** No mechanical treatment or stimulation; this includes chiropractic adjustments, acupuncture, TENS, physical therapy, electrical muscle stimulation, ultrasound, hot or cold pack use. No exercise or strenuous physical activity.
- 4. Day of your scan:** Avoid caffeine. Do not wear heavy jewelry. Do not stimulate the skin by rubbing with lotions, shaving or applying roll-on or stick deodorants. Spray deodorants are acceptable.
- 5. Four hours before your scan:** If you are using anti-inflammatory medications, please do your best to avoid taking these drugs before your examination: Aspirin, Advil, Aleve and Ibuprofen.
- 6. Two hours before your scan:** No smoking.
- 7. One hour before your scan:** Do not bathe/shower just before your appointment as this may stimulate the skin.
- 8.** It is best to wait until you have stopped nursing for at least three months before getting a Thermogram. The exception is if you are having problems that suggest an infection or mastitis. Thermography can be very helpful under these circumstances.
- 9.** If you have had a biopsy or lumpectomy it is best to wait at least three months before establishing/re-establishing a baseline.

Your exam will require you to disrobe prior to the exam; a gown will be provided. The room temperature will be cool and time will be allowed for your skin's surface temperature to equilibrate to the room's cool temperature. Please wear comfortable, loose fitting clothing and allow 45-60 minutes for your appointment.