

## Pre-Breast Imaging Instructions

In order to ensure that your examination is done properly and your images reflect an accurate reading please follow the following instructions:

- ❖ Do not wear restrictive clothing such as a bra to the exam
- ❖ No prolonged sun exposure (especially sunburn) to the breasts 5 days prior to your exam.
- ❖ No use of lotions, creams, powders, or makeup on the breasts the day of the exam.
- ❖ No use of deodorants, perfumes or antiperspirants the day of your exam.
- ❖ No physical stimulation or treatment of the breasts for 24 hours before the exam.
- ❖ No treatment (chiropractic, acupuncture, massage, physical therapy, electrical muscle stimulation, ultrasound, hot or cold pack use) of the neck, back, chest or breasts for 24 hours before the exam.
- ❖ No exercise 4 hours prior to your exam.
- ❖ No shaving on the day of the exam to avoid skin abrasions.
- ❖ If bathing, it must be no closer than 1 hour before the exam.
- ❖ If you are nursing, please try to nurse as far from 1 hour before the exam as possible.
- ❖ No warm or cold beverages 2 hours prior to imaging.
- ❖ Do not drink alcohol 12 hours prior to the test.
- ❖ If you are using pain medications, please avoid taking them for 4 hours prior to the examination.

**You must consult with your prescribing physician for his/her consent prior to any change in medication use such as this.**

### Please note:

During the examination you will be disrobed from the waist up for both imaging and to allow for the surface temperature of the body to equilibrate with the room. A female technician will be performing all your imaging.

Surgical procedures such as implants, reductions, and biopsies do not interfere with infrared imaging. Breast infrared imaging is perfectly safe to have during pregnancy or when nursing.

**If you have copies of any other test results (e.g. mammograms, ultrasounds, biopsies) please bring them with you.**

The total time necessary to complete your breast thermography examination is approximately 30 minutes. If you have any further questions, please feel free to contact our office at **519-575-6801**

I have read and understood and will comply with the instructions stated above.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_