



Stephanie
TYLER, ND

THERMOGRAPHY Client Information

Thank you for scheduling a thermography appointment. If you have any questions, do not hesitate to reach out to me.

479-255-5046

stephanietylernd@gmail.com

Please inform me if you are pregnant or nursing, have had a surgery or biopsy or are currently being treated with chemotherapy or radiation therapy. Thermography may not be an appropriate screening for you at this time.

If you have a sunburn or a fever, please call to reschedule.

Preparing for your Thermography Appointment

Remove all piercings and jewelry prior to the exam.

Please bring a headband and hair tie to completely pull up your hair.

24 hours prior to exam:

Avoid chiropractic care, physical therapy, massage therapy, acupuncture, saunas, steam baths, hot tubs, magnets, heating pads, hot water bottles, analgesic creams or balms, poultices, and please do not shave.

2 hours prior to exam:

No eating food, mints or chewing gum

No coffee, tea, soda or other beverages or medications containing caffeine or that would warm the body

No alcoholic beverages

Do not bathe or shower in HOT water

Do not perform any rigorous exercise program

Do not touch or rub any body part vigorously
Please avoid medications until after the exam, if possible

The day of the exam:

Do not use creams, lotions, ointments, deodorants, antiperspirants, powders or any other skin product. Do not smoke cigarettes or use any product which contains nicotine. Do not use any medication or natural supplement that causes flushing (i.e. Niacin).

The Exam:

The thermal imaging will take place in a quiet, peaceful and private room. You will undress and be given a hospital gown to wear and get acclimated to the room temperature for about 10 minutes and then the technician will enter, collect health information and take thermal pictures. Breast study pictures take approximately 15 minutes and the full body study takes closer to 40 minutes.

You are welcome to bring a companion to be present at the examination.

Reports:

An example report is on the following page. You will receive your report within two weeks of your exam, but often I have it available within just a few business days.

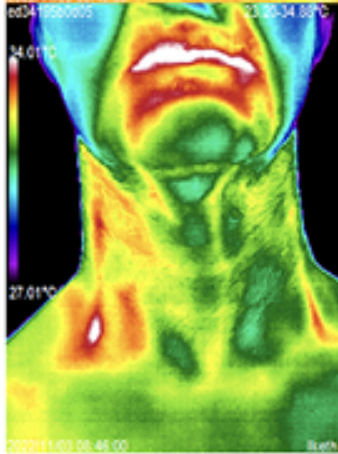
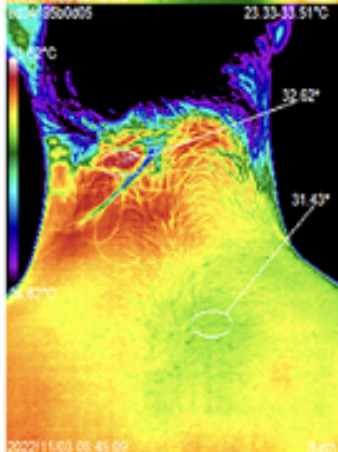
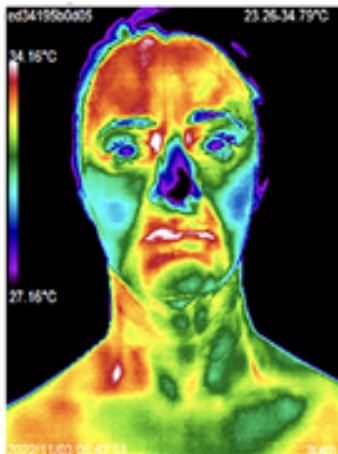
HIPPA and Client's Rights

A copy of these are included in this document so you can read prior to your appointment. You will consent to these digitally at your appointment.

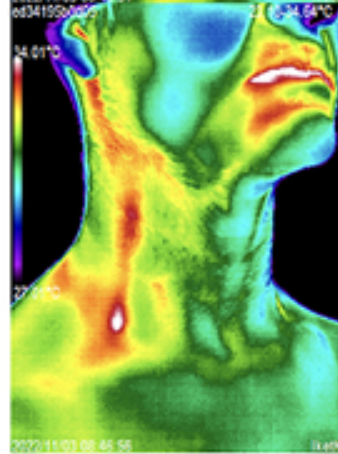
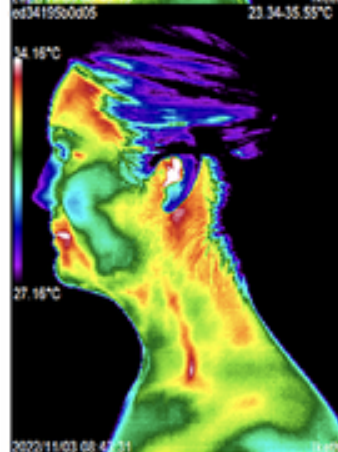
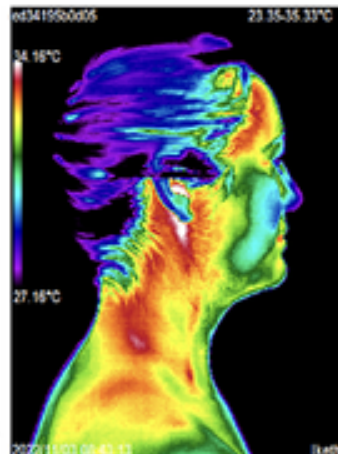
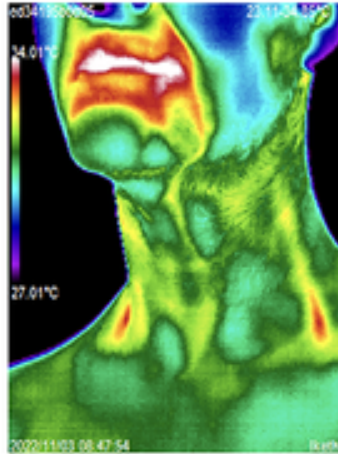
While participation in thermal imaging screening can increase your chance of detecting and monitoring disease, as with all other tests, it is still not a 100% guarantee of detection.

Cervicocranial/Upper Extremity Thermal Findings
 Client: Doe, Jane

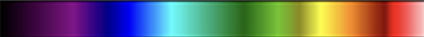
21C

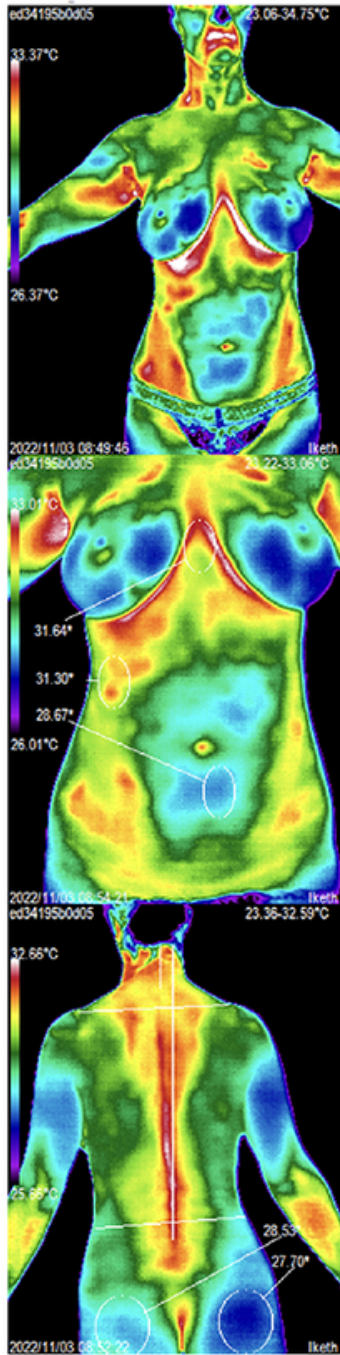


*Mild to moderate forehead heat pattern appears related to pinched nerve/ artery between the back of head/neck due to spastic muscles, thus affecting the nerves over the back of the head to the forehead. Maxillary/Ethmoid Sinus congestion associated with improper cranial respiratory motion/ lack of proper sinus aeration, leading toward aggressive flora development. Nasal/oral/throat inflammation associated with sinus drainage. *Saliva gland (Parotid/ Submandibular/ Sublingual) heat patterns are suggestive of enlargement. Salivary Glands may hypertrophy due to excessive stimulation by estrogen/ due to iodine deficiency. *Excessive clenching/overly contracted muscles of the base of the neck, causing distension/ expansion of these veins exiting the side of the head/neck to the heart. Left head/neck paravertebral (surrounding the spine) myofascial (muscle/ muscle covering) activity.



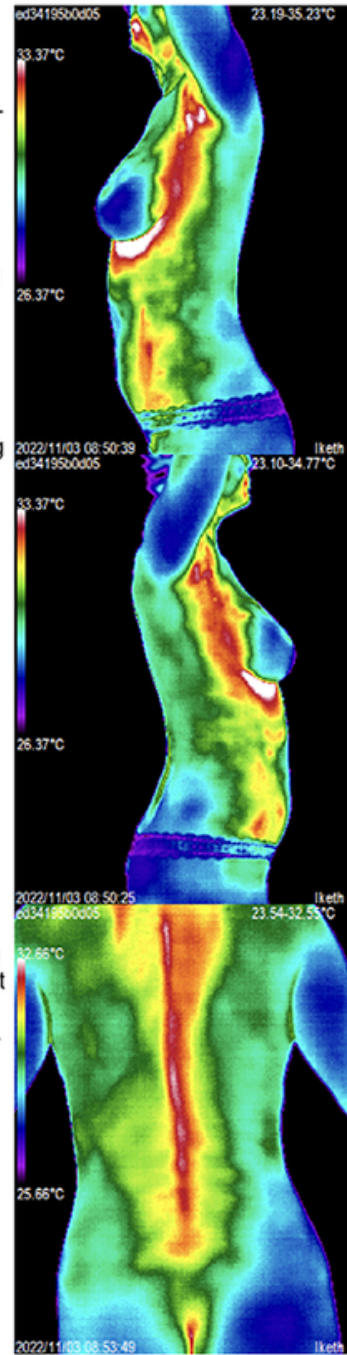
Torso Thermal Findings
 Client: Doe, Jane

21C  38C



*Right spastic Scalenus /Sternocleidio myofascial activity can and does interfere with proper lymphatic/ venous (blood returning to the heart) flow out of the chest/breast. *Diaphragm restricted movement/excessive abdominal pressure resulting in venous/ lymphatic fluids to be congested at the diaphragm, then a re-routing of fluids along the chest/ neck then finally to the heart. Gallbladder thermal marker below the right chest/ adhesions from removal, associated with improper forwarding of gallbladder fluids. Mild Small Intestine distension associated with improper forwarding of stomach fluids / gallbladder fluids with issues related to spastic/ overly contracted valve between small to large intestines. Mild Spotted Ascending/ Descending Colon inflammation associated with improper forwarding of digestive fluids.

*Left pelvic/ shoulder drop with left forward spinal displacement resulting in; thoracolumbar/ sacral spinal heat pattern consistent with dural tension (relating to spinal cord covering causing excessive stress that may be affecting direct exit of nerve roots), right gluteal (buttocks) colder heat pattern associated with neuropathy, Trapezius/ Rhomboid/ Levator Scapuli myofascial activity and left head/neck paravertebral (surrounding the spine) myofascial (muscle/ muscle covering) activity.





CLIENT'S RIGHTS

1. To be advised of Solex Imaging' policy regarding your rights to privacy (see HIPPA Notification).
2. Reasons for involuntary termination and criteria for readmission to the program: Clients may be terminated for lack of compliance with treatment requirements or the treatment program's expectations, Clients may be re-admitted upon re-application and re-evaluation by program staff.
3. To be provided a safe environment, free from sexual, physical or emotional abuse.
4. Consumer responsibilities, tasks, privileges, and rules of conduct: Clients have the right and responsibility to participate in their treatment and education as determined by assessment and evaluation, which will be conducted on an ongoing basis during the course of treatment. Clients will have the opportunity to continue in treatment by following all the rules and program expectations.
5. To have written information about fees, method of payment, insurance reimbursement, number of classes or sessions, substitutions (in case of emergency or vacations) and cancellation policies
6. To have any and all grievances or complaints addressed in a timely fashion by contacting Solex Imaging, 545 E. University Pkwy, Suite 200, Orem, Utah 84097.
7. To receive treatment without discrimination or harassment and to be treated with dignity.
8. Theta Wellness Centers has a non-smoking policy in accordance with the Utah Clean Air Act: No individuals are allowed to smoke in or within 25 feet of the building.
9. A statement of maximum sanctions and consequences reviewed and approved by the Office of Licensing.
10. To receive respectful treatment that will be helpful to you and to ask questions about your therapy.
11. To report unethical and/or illegal behavior by a therapist or other medical professional.
12. To request and receive information about the therapist's or other medical professional's capabilities, specialization and limitations.
13. To refuse electronic recording of any therapy session and I may request a copy of it if I wish.
14. To refuse to answer any questions or disclose any information I choose not to reveal.
15. To know the limits of confidentiality and the circumstances in which a therapist or other medical professional is legally required to disclose information to others.
16. To know if there are supervisors, consultants, students or others with whom my therapist will discuss my case.
17. To request and, in most cases, receive a summary of my file, including the diagnosis, my progress and the type of treatment, and to request a copy of my file to any therapist or medical professional or agency I choose.
18. To receive a second opinion at any time about my medical diagnosis, prognosis, therapy or therapists' methods.
19. To request that my therapist or medical practitioner inform me of my progress.

I have received a copy of the Client's Rights.



HIPPA AUTHORIZATION FORM

I hereby authorize the use or disclosure of my protected health information as described below and understand and acknowledge the following:

I am not required to sign this authorization and may in fact refuse to sign this authorization. Solex Imaging will not condition my treatment or payment for my treatment on obtaining this authorization from me, unless permitted by law.

If the organization or person authorized to receive this information is not required to comply with the federal privacy regulations, the released information may be re-disclosed and would no longer be protected.

I may inspect or copy the protected health information sought to be used to disclosed in this authorization, as permitted by the federal privacy regulations

I have the right to revoke this authorization at the time. My revocation must be in writing and submitted to Solex Imaging, 545 E. University Pkwy, Suite 200, Orem, Utah, 84097. If I do revoke this authorization, however, my revocation will not affect any prior actions taken in reliance on my authorization.

If I have any questions about this authorization, I may contact the designated HIPPA Compliance Officer (801) 837-1340, who will provide me with more information about this authorization, or about Solex Imaging privacy practices.

This authorization applies to all patient records at this agency.

This authorization will expire upon completion of recovery-oriented system of care/treatment or the client leaves the program.

I certify that I have read, signed and received a copy of the Notice of Privacy Practices.