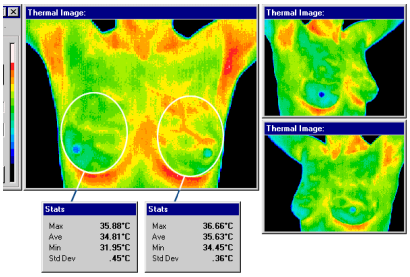
Integrated Health Clinic™
working together for your health
FORT LANGLEY, BC



Breast Thermography Referral Form

Please fax or scan completed form to: 604-888-8365
admin@integratedhealthclinic.com

Patient Name: _____

Date of Birth: _____ Cell#: _____

_____

Referring Physician: _____

Clinic Name/ Address:

_____

_____

Tel: _____ Fax: _____

Email: _____

Brief medical history, reason for Thermography referral:

_____

_____

Thermography scan type requested:

☐ Initial scan ☐ 3-month Baseline Scan ☐ Annual scan

☐ Other: _____

Initial scan, includes 3-month baseline - $299.00
Annual scan - $250

Date: _____ Physician Signature: _____