Midwest Thermography
Trusted Partners in Thermal Imaging

***Appointment Date/Time*: _____**

Thermal Imaging Order Form

Imaging Center
25055 W. Valley Parkway, Suite 204
Olathe, KS 66061

Information and Scheduling
Phone: 913-953-8633
Fax: 913-825-6115

Patient's Name:_____ DOB: _____

Address:_____ City:_____

State:_____ Zip:_____ Phone:_____ E-Mail:_____

Ordering Doctor: _____ Doctor's Signature: _____

Clinic Name: _____ Phone: _____

Clinic Address: _____ City:_____

State: _____ Zip Code: _____ Clinic/Doctor's E-Mail: _____

Diagnosis/Symptoms: _____

Notes:_____

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Thermal Imaging

- Cephalic (Head and Neck)
- Breast (Bilateral w/ Comparison Study)
- Upper Body (w/o Breast Series)
- Upper Body with Breast Series
- Lower Body
- Full Body (w/o Breast Series)
- Full Body with Breast Series

- **STAT Read**

- Shoulder RT / LT
- Upper Back
- Lower Back
- Chest (w/o Breast Series)
- Abdomen
- Hip RT / LT
- Pelvis
- Arm RT / LT
- Leg RT / LT
- Other_____