Request for Delivery of Thermography Report

Name: ____ Date: ___________

Address: ______________________________________ Date of Birth: ___________

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As allowed by the Privacy Regulations, I wish for this office to provide the following "Alternative" means of communicating my Protected Health Information, if I am unable to receive them personally and directly from Wholistic Thermography staff. This includes all health and medical intake data and the client's current thermal imaging scans.

Mailing Address as listed above: Yes _____ No ______

Alternative Mailing Address:

____

E-Mail: I prefer my Report/Interpretation be sent to the following address

____

Phone: If appropriate, please contact me by telephone at this number ______________________
(This number will be used for instances of discussing the report if desired by the client.)

____ _______________
Signature or Patient or Patient's Authorized Representative Date

____ _______________
Authorized Signature of Facility Date

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