



North Texas Thermography

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Phone: (940) 536-3756

I _____ give permission to NtThermography to perform a Functional Thermography session. This is a non-invasive treatment done with an infrared sensor. A copy of the report will be sent to your doctor.

I do not practice medicine, psychology, or psychiatry. If you feel you have a problem that requires the attention of a practitioner of any of the traditional medical arts, please seek such. Above all, please honor and follow your own best interest. Always seek your own highest good..... Follow your heart.

Name: _____

Address: _____

City: _____ Zip: _____

Email _____

Phone: _____ Date of birth: _____

Family Doctor: _____ Phone: _____

Address: _____ City _____ Zip: _____

Height: _____ Weight: _____

Pulse: _____ Blood pressure _____ Oxygen _____

Waist: _____ Hip: _____

Complains, illness (*at least one*): _____

Medication you are taking: _____

Signature: _____ Date: _____

How did you hear about us? _____
