Phone: (509) 706-1310
Website: www.RefPointDirect.com
Email: info@RefPointDirect.com
Fax: (844) 764-2229

RefPoint
THERMOGRAPHY • BLOOD DRAWS

Thermography Referral Form

Fax completed referrals. Patients may call directly to schedule.

PATIENT INFORMATION

Patient name _____ Date of birth _____

Phone _____ Email (optional) _____

REFERRING PROVIDER / REPORT RECIPIENT

Provider name _____ Practice _____

Phone _____ Report delivery: fax or HIPAA-secure email _____

Additional report recipient / fax (optional) _____

IMAGING REQUESTED - CHECK ALL THAT APPLY

- ☐ Breast baseline imaging package
- ☐ Annual breast follow-up
- ☐ Full-body study
- ☐ Breast baseline + full-body
- ☐ Other: _____

REASON FOR REFERRAL / AREAS OF CONCERN

Symptoms, duration, relevant history, or question to be addressed:

_____

_____

_____

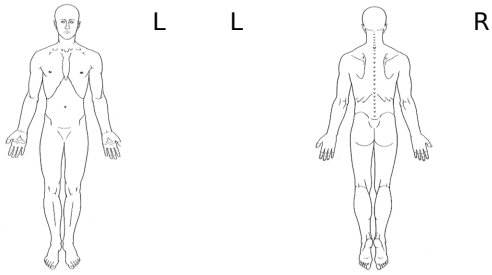
_____

_____

Mark areas; R/L = patient sides.

FRONT **BACK**

R L L R



Provider signature _____ Date _____

Thermography is adjunctive and non-diagnostic; it does not replace mammography or other recommended screening or diagnostic evaluation. RefPoint provides preparation instructions.