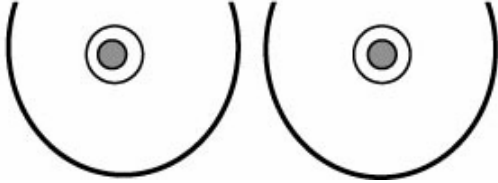
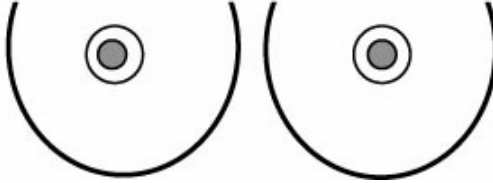
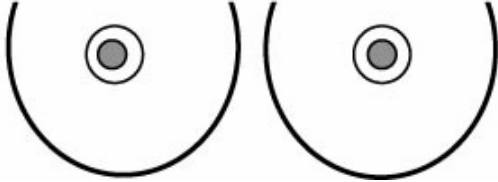
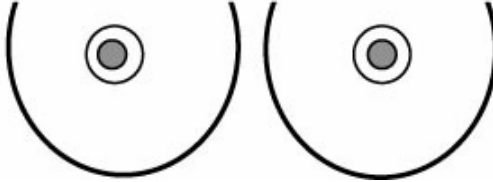
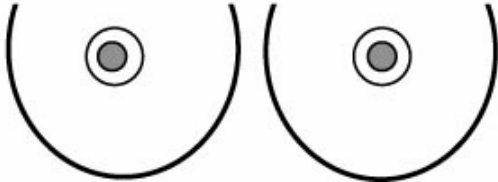
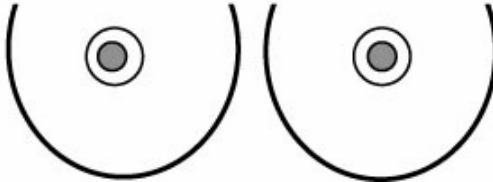
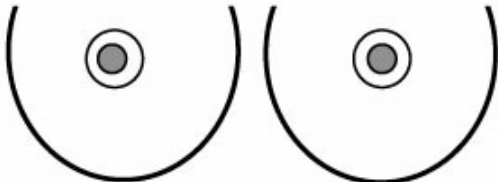
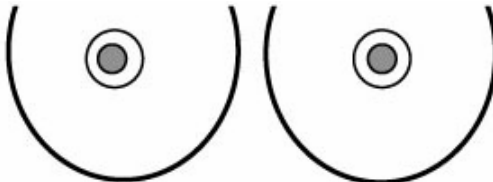

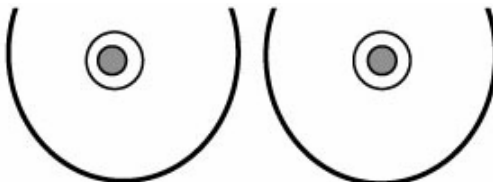
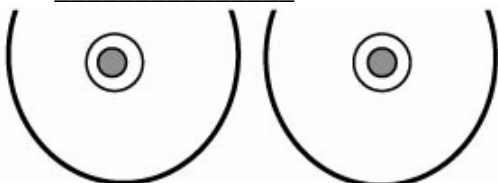
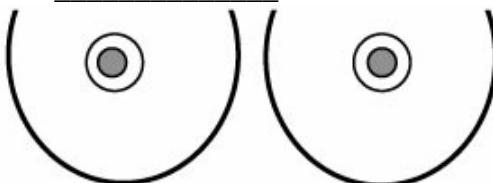


**THERMO-TECH INC.**  
Comprehensive Breast Screening Clinic  
Monthly Breast Exam Mapping

Date _____ 	Date _____ 
Date _____ 	Date _____ 
Date _____ 	Date _____ 
Date _____ 	Date _____ 
Date _____ 	Date _____ 
Date _____ 	Date _____ 

Breast exam should be preformed at the same time of the month. The week after your period is over, if applicable.