

MALE BIOTE PELLETT INSERTION CONSENT FORM

Name: _____

Date: ____/____/____

Bio-Identical hormone pellets are concentrated hormones, biologically identical to the hormones you make in your own body. Testosterone was made in the testicles prior to "andropause." Bio-identical hormones have the same effects on your body as your own testosterone did when you were younger. Bio-Identical risks are similar to those of any testosterone replacement but may be lower risk than alternative forms.

WHAT CAN OCCUR:

Bleeding, bruising, swelling, infection and pain; extrusion of pellets; overactive libido; lack of absorption of pellets; thinning hair, male pattern baldness. Increased growth of prostate and prostate tumors, overactive libido. 10%-15% shrinkage of testicle size. There can also be a significant reduction in sperm production.

There is a risk of enhancing existing prostate cancer to grow more rapidly. For this reason, a prostate specific antigen blood test is to be done before starting testosterone pellet therapy and will be conducted each year thereafter.

_____ I acknowledge I have read this thoroughly

Initial

BENEFITS OF TESTOSTERONE PELLETS:

Increased libido, energy, & sense of well-being, increased muscle mass and strength and stamina. Decreased frequency and severity of migraines. Decrease in mood swings, anxiety and irritability, decreased weight, decrease in risk or severity of diabetes. Decrease of heart disease and Alzheimer's and dementia.

_____ I acknowledge I have read this thoroughly

Initial

CONSENT FOR TREATMENT & ACKNOWLEDGEMENT:

I _____ consent to the insertion of testosterone & or estradiol pellets in my hip or abdomen. I have been informed that I may experience any of the complications to the procedure as described above. These side effects are similar to those related to traditional testosterone replacement. Surgical risks are the same as for any minor medical procedure and are included in the list above of overall risks.

I _____ have read and understand all the precautions of what can occur when being pelleted with testosterone or estradiol. I have been encouraged and have had the opportunity to ask any questions regarding pellet therapy. I agree to immediately report to my practitioner's office if I have any complications. I acknowledge that there may be risks of testosterone therapy that we do not yet know, at this time, and that the risks and benefits of this treatment have been explained to me in which I was fully informed what all the treatment consists of.