



# **Male Patient**

Name:			1oday'sDate:		
(Last)		(First)			
Date of Birth:	Age:	Weight:			
In Case of Emergency C	ontact:		Relationship:		
Phone:					
Primary Care Physician	ı's Name: _		Phone:		
Habits:					
( ) I smoke cigarettes (	or cigars		a day.		
( ) I drink alcoholic be	verages		per week.		
Have you ever had any	issues with	anesthesia?	( ) Yes ( ) No		
medications currently	1aking:				
Current Hormone Repl	acement Th	nerapy:			
Past Hormone Replacement Therapy:					
Nutritional/Vitamin Su	pplements	:			
Recent surgery:					
Other Pertinent Inform	ation:				

( ) Testicular or prostate cancer.
( ) Elevated PSA.
( ) Prostate enlargement.
( ) Trouble passing urine or take Flomax or Avodart.
( ) Chronic liver disease (hepatitis, fatty liver,
cirrhosis).
( ) Diabetes.
( ) Thyroid disease.
( ) Arthritis.
( ) Seizures

## Testosterone Pellet Insertion Consent Form

Bio-identical testosterone pellets are hormone, biologically identical to the testosterone that is made in your own body. Testosterone was made in your 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 hormone pellets are plant derived and bio-identical hormone replacement using pellets has been used in Europe, the U.S. and Canada since the 1930's. Your risks are similar to those of any testosterone replacement but may be lower risk than alternative forms. During andropause, the risk of not receiving adequate hormone therapy can outweigh the risks of replacing testosterone.

### Risks of not receiving testosterone therapy after andropause include but are not limited to:

Arteriosclerosis, elevation of cholesterol, obesity, loss of strength and stamina, generalized aging, osteoporosis, mood disorders, depression, arthritis, loss of libido, erectile dysfunction, loss of skin tone, diabetes, increased overall inflammatory processes, dementia and Alzheimer's disease, and many other symptoms of aging.

**CONSENT FOR TREATMENT:** I consent to the insertion of testosterone pellets in my hip. I have been informed that I may experience any of the complications to this procedure as described below. **Surgical risks are the same as for any minor medical procedure. I have received post-care instructions and will follow the guidelines.** 

#### Side effects may include:

Bleeding, bruising, swelling, infection, pain, reaction to local anesthetic and/or preservatives, lack of effect (typically from lack of absorption), thinning hair, male pattern baldness, increased growth of prostate and prostate tumors, extrusion of pellets, hyper sexuality (overactive libido), ten to fifteen percent shrinkage in testicle size and significant reduction in sperm production.

There is some risk, even with natural testosterone therapy, of enhancing an existing current 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. If there is any question about possible prostate cancer, a follow-up with an ultrasound of the prostate gland may be required as well as a referral to a qualified specialist. While urinary symptoms typically improve with testosterone, rarely they may worsen, or worsen before improving. Testosterone therapy may increase one's hemoglobin and hematocrit, or thicken one's blood. This problem can be diagnosed with a blood test. Thus, a complete blood count (Hemoglobin and Hematocrit.) should be done at least annually. This condition can be reversed simply by donating blood periodically.

#### BENEFITS OF TESTOSTERONE PELLETS INCLUDE:

Increased libido, energy, and sense of well-being; increased muscle mass and strength and stamina; decreased frequency and severity of migraine headaches; decrease in mood swings, anxiety and irritability (secondary to hormonal decline); decreased weight (increase in lean body mass); decrease in risk or severity of diabetes; decreased risk of Alzheimer's and dementia; and decreased risk of heart disease in men less than 75 years old with no pre-existing history of heart disease.

On January 31, 2014, the FDA issued a Drug Safety Communication indicating that the FDA is investigating risk of heart attack and death in some men taking FDA approved testosterone products. The risks were found in men over the age of 65 years old with pre-existing heart disease and men over the age of 75 years old with or without pre-existing heart disease. These studies were performed with testosterone patches, testosterone creams and synthetic testosterone injections and did not include subcutaneous hormone pellet therapy.

I agree to immediately report to my practitioner's office any adverse reactions or problems that may be related to my therapy. Potential complications have been explained to me and I agree that I have received information regarding those risks, potential complications and benefits, and the nature of bio-identical and other treatments and have had all my questions answered. Furthermore, I have not been promised or guaranteed any specific benefits from the administration of bio-identical therapy. I certify this form has been fully explained to me, and I have read it or have had it read to me and I understand its contents. I accept these risks and benefits and I consent to the insertion of hormone pellets under my skin. This consent is ongoing for this and all future insertions.

I understand that payment is due in full at the time of service. I also understand that it is my responsibility to submit a claim to my insurance company for possible reimbursement. I have been advised that most insurance companies do not consider pellet therapy to be a covered benefit and my insurance company may not reimburse me, depending on my coverage. I acknowledge that my provider has no contracts with any insurance company and is not contractually obligated to pre-certify treatment with my insurance company or answer letters of appeal.

Print Name	Signature	Today's Date
Horm	one Replacement Fee Acknow	wledgment
_	ce companies are reimbursing patients f here is no guarantee. You will be respo	
	vork to send to your insurance company not cover insertions, visits, or labs.	to file for reimbursement upon
Male Hormone	Pellet Insertion Fee	\$695.00
Male Hormone	Pellet Insertion Fee (>2000mg)	\$750.00
*you may have	other visit/consultation charges a	s needed, typically \$85.00
Additional Lab fees:		
a high deductible, you will and can be provided to you will cover the cost, and wh	t any Quest Diagnostics or LabCorp. If you are be given a cash-pay lab order. Cash prices have. If using insurance, it is your responsibility to nich lab to go to. Labs will typically be reperly. Please note that it can take up to two	ve been negotiated to be reasonable find out if your insurance company ated at 4-6 weeks after the first

Signature

**Today's Date** 

**Print Name** 

# POST-CARE and WHAT MIGHT OCCUR AFTER A PELLET Male

Please continue to wear your bandage for 24 hours. Do not shower today and do not get into a tub, pool, hot tub, etc. for 7 days. Do not exercise for 3 days and nothing with extensive glut work (running, elliptical, lunges, squats) for 7 days. Please leave the entire bandage on for 7 days. You have an ice pack above the bandage at the site of the pellets. Refreeze this a couple of times today and tomorrow and re-apply it. You might see some evidence of bleeding under the gauze but it should not be significant. You can have some edema at the site and you will likely have soreness. If you have any symptoms other than these, please call the office.

# What can happen later after insertion:

A significant hormonal transition will occur in the first four weeks after the insertion of your hormone pellets. Therefore, certain changes might develop that can be bothersome.

- **FLUID RETENTION**: Testosterone stimulates the muscle to grow and retain water which may result in a weight change of two to five pounds. This is only temporary. This happens frequently with the first insertion, and especially during hot, humid weather conditions.
- **SWELLING of the HANDS & FEET**: This is common in hot and humid weather, It may be treated by drinking lots of water, reducing your salt intake, taking cider vinegar capsules daily, (found at most health and food stores) or by taking a mild diuretic, which the office can prescribe.
- **MOOD SWINGS/IRRITABILITY**: These may occur if you were quite deficient in hormones. They will disappear when enough hormones are in your system.
- **FACIAL BREAKOUT**: Some pimples may arise if the body is very deficient in testosterone. This lasts a short period of time and can be handled with a good face cleansing routine, astringents and toner. If these solutions do not help, please call the office for suggestions and possibly prescriptions.
- **HAIR LOSS**: Is rare, and usually occurs in patients who convert testosterone to DHT. Dosage adjustment generally reduces or eliminates the problem. Prescription medications may be necessary in rare cases.

- **HAIR GROWTH**: Testosterone may stimulate some growth of hair on your chin, chest, nipples and/or lower abdomen. This tends to be hereditary.
- **Extrusion:** Occasionally, pellets will work their way out through the skin. It will be sensitive at the site of extrusion. Please call the office if this occurs and we will schedule to replace the pellet at no charge
- If you have any other symptoms or problems with the insertion site, please call the office.