

PRE-INSERTION INSTRUCTIONS



The following information has been explained to me prior to receiving the recommended therapy.

CONSENT FOR TREATMENT:

I agree to immediately report any adverse reactions or problems related to my therapy to my physician or health care provider's office so that they may be reported to the manufacturer. Potential complications have been explained to me, and I acknowledge that I have received and understood this information, including the possible risks, potential complications, and potential benefits.

I also acknowledge that the nature of bioidentical therapy and other treatments have been explained to me, and I have had all my questions answered. I understand that follow-up blood testing will be necessary four (4) weeks after my initial pellet insertion and at least one time annually thereafter. I also understand that although most patients will receive the correct dosage with the first insertion, some may require changes in dose.

I understand that my blood tests may reveal that my levels are not optimal, which would mean I may need a higher or lower dose in the future.

Furthermore, I have not been promised or guaranteed any specific benefits from the insertion of testosterone and/or estrogen pellets.

I accept these risks and benefits, and I consent to the insertion of testosterone and/or estrogen pellets under my skin performed by my provider. This consent is ongoing for this and all future insertions in this facility until I am no longer a patient here, but I do understand that I can revoke my consent at any time. I have been informed that I may experience any of the complications of this procedure as described above.

Please complete the following additional items in order to begin your BioTE treatments:

- Medical History complete
- Symptom Assessment complete
- Labs complete