



Notice

Growth Hormone Therapy (GHT) or Growth Hormone Enhancement Therapy (GHET) has not been subject to large-scale, long-term studies assessing the benefits and risks of therapy. Current medical reports indicate that benefits of GHT or GHET include increase in muscle mass; loss of fat and cellulite; increased energy levels; enhanced libido and sexual function; improved heart and kidney function with greater cardiac output; faster wound healing with improved immune function and exercise stamina; lowered blood pressure; improved cholesterol profile, bone density and body composition; younger, thicker skin and hair regrowth; improved mood, memory retention and cognitive functioning; wrinkle removal; enhanced collagen synthesis and repair; sharper vision and hearing; decreased fatigue and depression; increased testosterone and improved sleep. Risks or possible side effects associated with GHT **may** include nerve, muscle or joint pain; swelling or edema; carpal tunnel syndrome; numbness or tingling in the skin; elevated cholesterol; increase risk of diabetes and may contribute to the growth of cancerous lesions.

A legal prescription or procedure is required in all cases. Man Alive, LLC will not dispense a prescription unless a true and genuine clinical need exists based on current and past medical history, a required series of bloodwork and lab testing, a physical exam, a consultation conducted by a Man Alive, LLC health care provider. Agreeing to and getting all of the evaluation requirements does not automatically guarantee clinical necessity resulting in a prescription for Hormone Replacement Therapy, Hormone Medicalization, Testosterone, or other Medical Hormones. Your Man Alive, LLC provider will discuss with you the results of your exam, the recommended treatment, any known risks associated with the treatment, and possible alternatives.

Consent for Treatment

Patient Name: _____

My Man Alive, LLC provider has recommended Growth Hormone Therapy (GHT) or Growth Hormone Enhancement Therapy (GHET). I have discussed with my provider the nature and character of the proposed treatment, the anticipated results of the proposed treatment and possible alternatives to treatment. I understand that the treatment, while approved by the FDA, has not been subject to large-scale, long-term studies assessing the benefits and risks of the treatment. My provider has explained that some of the known risks may include nerve, muscle or joint pain; swelling or edema; carpal tunnel syndrome; numbness or tingling in the skin; elevated cholesterol; increase risk of diabetes and may contribute to the growth of cancerous lesions. I have had an opportunity to discuss the treatment, anticipated results, and possible risks with my provider and consent to treatment.

Signature: _____ Date: _____