



Notice

Testosterone replacement therapy (TRT) has not been subject to large-scale, long-term studies assessing the benefits and risks of TRT. Current medical reports indicate that benefits of TRT for men with hypogonadism (low testosterone) include improvement in libido and sexual function, bone density, muscle mass, body composition, mood, erythropoiesis, cognition, quality of life and cardiovascular disease. Risks associated with TRT are still being evaluated and **may** include worsening symptoms of benign prostatic hypertrophy, liver toxicity, hyperviscosity, erythrocytosis, worsening of untreated sleep apnea, stimulation of prostate cancers, or severe heart failure.

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 TRT (Testosterone Replacement Therapy). 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 worsening symptoms of benign prostatic hypertrophy, liver toxicity, hyperviscosity, erythrocytosis, worsening of untreated sleep apnea, stimulation of prostate cancers, or severe heart failure. I have had an opportunity to discuss the treatment, anticipated results, and possible risks with my provider and consent to treatment.

Signature: _____ Date: _____