CONSENT FOR TESTOSTERONE PELLET PLACEMENT

I wish to receive subdermal testosterone pellet implants for the purpose of reducing symptoms that are at least in part due to low levels of testosterone. Even though subdermal bioidentical hormone implantation has been done for over 50 years by a large number of medical professionals around the world, I realize that it is not the usual and customary means of hormone replacement. These pellets are bioidentical testosterone inserted under the skin (subcutaneous) to my lateral buttocks and intended to release a steady and consistent delivery of testosterone into my bloodstream. I realize that testosterone may increase my libido (sexual desire), energy, mental clarity, bone strength, and overall sense of well-being. It may also help improve my mood. I may receive 800 – 2,000mg of testosterone in pellet form inserted subcutaneously into my hip area. Although results are usually favorable in reducing or eliminating the symptoms associated with low testosterone, I have not been given any promises or guarantees of positive results in my individual case. Occasionally, hormone implants have been associated with temporarily side effects - increased levels of anxiety, insomnia, depression, lethargy, increased sleeping, or fatigue. These events usually occur in the first few weeks following implantation and are believed to be a response to rapidly rising hormone levels. Taking large amounts of testosterone supplementation has been shown to increase risk for heart disease or high cholesterol, however, bioidentical subcutaneous testosterone pellets have NOT been associated with these problems. I may experience transient symptoms associated with the increased level of testosterone, increased oiliness of my skin or mild acne. Rarely, some patients have experienced increased hair growth or a slight deepening of the voice, if the testosterone level goes significantly higher than the desired target range. Conversion of testosterone to a form of estrogen may take place. I understand that treatment modification may be necessary and either an estrogen blocking prescription or additional pellets may be administered. Pellet extrusion (coming out at the incision site) has been known to occur on rare occasions. Incidence in the literature is between 2-5% and is usually associated with resuming aggressive physical activity too soon. There is a very slight chance of a wound infection as there is with any type of surgical procedure. This may be easily treated with an antibiotic, and I agree to report any signs or symptoms of infection. Pellets should be considered irretrievable once they are inserted, however, in extraordinary circumstances, pellets may be removed via a minor office procedure. Pellets may be added if needed to achieve desired results or blood levels. They dissolve completely in 4-12 months. I agree to have my blood levels checked 4-6 weeks after the first insertion and periodically thereafter. I agree to pay the contracted fee to Man Alive, LLC for all supplies and services rendered for the PPP (pellet placement procedure) as explained to me. My signature below certifies that I have read and understand all of the above, that all my questions about this procedure have been answered satisfactorily. I wish to proceed with the PPP (pellet placement procedure). This consent covers present and future pellet insertions.

Signed _____ Date _____