

# BREAST CANCER WAIVER FOR TESTOSTERONE AND/OR ESTROGEN PELLET THERAPY

I, \_\_\_\_\_, voluntarily choose to be treated with subcutaneous  
Patient

Bio-identical Testosterone and/or Estrogen pellets with \_\_\_\_\_  
Provider

Even though I am a breast cancer survivor. I understand that such therapy is controversial and that the risks are unknown. Some doctors believe it is contraindicated. I have been informed that Estrogen may promote breast cancer growth, while Testosterone has been used to treat breast cancer, but can be converted to estrogen. I have been informed of drugs that can prevent the conversion of Testosterone to Estrogen. I am aware that breast cancer could develop while on pellet therapy.

These issues have been explained to me and I have had the opportunity to ask questions. Additional information has been made available to me.

Based on this and other information, I have assessed the risk and I have decided that the benefits of this therapy exceed the risks. I am therefore, choosing to undergo the pellet therapy.

I acknowledge and agree that I have been given adequate opportunity to review this document and to ask questions.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date