FEMALE ESTRADIOL/TESTOSTERONE ACKNOWLEDGMENT INSERTION FORM

l,	have been told that hormone replacement therapy by pellet
implantation has been used with great success in	the United States, Europe and Australia since 1938. It is not
experimental. Pellets deliver consistent physiolo	gic levels of hormones and av01d the fluctuations of hormone levels
seen with other methods of delivery.	
	realize this is not the usual and customary means of hormone
	d use of testosterone for women is to treat metastatic breast cancer I
·	nonal testosterone inserted under my kin to achieve a steady delivery
•	em. I realize that testosterone may increase my energy, my libido and
	estosterone decreasing the hormone frequency and severity of my
	Identical hormone estradiol inserted under my skin to also achieve a
	estradiol can eliminate my mood swings, anxiety and irritability. I realize
	ast or ovarian cancer and I am responsible to obtain annual pelvic
exams and pap smears with my primary care pro	ovider.
I realize in the past athletes have abused testoste	erone. When they took huge quantities of synthetic testosterone, they
·	cholesterol. However, low-dose, non-oral, natural testosterone that is
·	een associated with these problems. In a rare number of patients, the
body will convert testosterone to DHT which can	cause acne or hair loss. I also realize the estradiol dosage that I receive
can aggravate uterine abnormalities, if they exist,	and cause bleeding.
Side effects are rare but may include: breast ten	derness for 7-10 days after insertion, uterine spotting and slight weight
gain from muscle growth. Facial hair growth, loss	
<u>g</u>	
My signature certifies that I have read the above	and acknowledge I have been encouraged to ask any questions
regarding Bio-Idenitical hormonal therapy. Individ	ual results MAY vary.
PATIENT SIGNATURE:	DATE:
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