

# PROSTATE CANCER WAIVER FOR TESTOSTERONE PELLETT THERAPY

I, \_\_\_\_\_, voluntarily choose to undergo implantation of  
Patient

Bio-identical Testosterone Pellet therapy with \_\_\_\_\_ even though  
Provider

I have a history of prostate cancer. I understand that such treatment is controversial and many doctors believe it may increase my risk of recurrent prostate cancer or promote growth of an undetected cancer. I am aware that based on new medical research many doctors believe it is safe and will not promote cancer growth. My provider has informed me there is an unknown degree of risk.

These issues have been explained to my satisfaction. I have been provided access to additional information and resources.

Based on this and other information, I have assessed the risk, and have decided that the potential benefits outweigh the risk. I have chosen to have pellet therapy despite the potential risk that I was informed of by my Provider.

I have been given opportunity to review this document and ask questions.

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider

\_\_\_\_\_  
Date