

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

I, \_\_\_\_\_, voluntarily choose to undergo implantation of bio-identical  
Patient

Testosterone and/or Estrogen pellets with \_\_\_\_\_ even though I  
Provider

Have a history of ovarian cancer. I understand that such therapy is controversial and some medical studies have shown an increase risk of ovarian cancer while other studies show ovarian cancer survivors live longer with hormone replacement. My treating provider has informed me that there is an unknown degree of risk.

These issues have explained to my satisfaction and I have been provided access to additional information, if requested.

Based on this and other information I have decided that the potential benefits of Pellet therapy outweigh the risk. I am, therefore, choosing to undergo pellet therapy despite the risk.

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

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider

\_\_\_\_\_  
Date