

Female Pellet



Name: _____ Date: _____

Age: _____ Weight: _____ Provider: _____

LABS

Prior Two Pellets:

Draw Date: _____ Date/Dose _____

Testosterone: _____ Date/Dose _____

Estradiol:

Estrone:

FSH:

Progesterone:

SHBG:

History:

Hysterectomy: _____ **Last Pap:** _____

Breast cancer: _____ **Last Mammo:** _____

Fibroids: _____

Comments: _____

Dosing

Insertion site: Right Hip _____ Left Hip _____

Estradiol _____ mg **Lot #** _____

Testosterone _____ mg **Lot #** _____

Lot # _____

Lot # _____

6 week Post Pellet Labs: Yes / No

Procedure:

Procedure, risks, benefits, and alternatives were discussed with the patient. Questions answered, consent form for Testosterone and/or Estradiol pellet signed. An area of the above side was prepped with betadine. 5 cc 2% Lidocaine with Epinephrine and 3 cc Sodium Bicarb were injected to anesthetize the area. An incision made using a #11 blade. The trocar with cannula was passed through the incision into the subcutaneous tissues. Pellets were placed through cannula into subcutaneous tissue. Bleeding was minimal. Argentyn gel placed on the wound. Steri-strip was placed to close incision. Gauze and transparent dressing were applied to incision site. Procedure tolerated well. Post-pellet and discharge instructions were explained and offered to the patient.

Female Pellet

Female Testosterone and/or Estradiol Pellet Insertion Consent Form

Bio-identical hormone pellets are concentrated hormones, biologically identical to the hormones you make in your own body prior to menopause. Estrogen and testosterone were made in your ovaries and adrenal gland prior to menopause. Bio-identical hormones have the same effects on your body as your own estrogen and testosterone did when you were younger, without the monthly fluctuations (ups and downs) of menstrual cycles.

Bio-identical hormone pellets are made from soy and are FDA monitored but not approved for female hormonal replacement. The pellet method of hormone replacement has been used in Europe and Canada for many years and by select OB/GYNs in the United States. You will have similar risks as you had prior to menopause, from the effects of estrogen and androgens, given as pellets.

Patients who are pre-menopausal are advised to continue reliable birth control while participating in pellet hormone replacement therapy. Testosterone is category X (will cause birth defects) and cannot be given to pregnant women.

CONSENT FOR TREATMENT: I consent to the insertion of testosterone and/or estradiol pellets in my hip. I have been informed that I may experience any of the complications to this procedure as described below. These side effects are similar to those related to traditional testosterone and/or estrogen replacement. **Surgical risks are the same as for any minor medical procedure and are included in the list of overall risks below:**

Bleeding, bruising, swelling, infection and pain; extrusion of pellets; hyper sexuality (overactive Libido); lack of effect (from lack of absorption); breast tenderness and swelling especially in the first three weeks (estrogen pellets only); increase in hair growth on the face, similar to pre-menopausal patterns; water retention (estrogen only); increased growth of estrogen dependent tumors (endometrial cancer, breast cancer); birth defects in babies exposed to testosterone during their gestation; growth of liver tumors, if already present; change in voice (which is reversible); clitoral enlargement (which is reversible). The estradiol dosage that I may receive can aggravate fibroids or polyps, if they exist, and can cause bleeding. Testosterone therapy may increase one's hemoglobin and hematocrit, or thicken one's blood. This problem can be diagnosed with a blood test. Thus, a complete blood count (Hemoglobin & Hematocrit) should be done at least annually. This condition can be reversed simply by donating blood periodically.

BENEFITS OF TESTOSTERONE PELLETS INCLUDE: Increased libido, energy, and sense of well-being. Increased muscle mass and strength and stamina. Decreased frequency and severity of migraine headaches. Decrease in mood swings, anxiety and irritability. Decreased weight. Decrease in risk or severity of diabetes. Decreased risk of heart disease. Decreased risk of Alzheimer's and dementia

I have read and understand the above. I have been encouraged and have had the opportunity to ask any questions regarding pellet therapy. All of my questions have been answered to my satisfaction. I further acknowledge that there may be risks of testosterone and or estrogen therapy that we do not yet know, at this time, and that the risks and benefits of this treatment have been explained to me and I have been informed that I may experience complications, including one or more of those listed above. I accept these risks and benefits and I consent to the insertion of hormone pellets under my skin. This consent is ongoing for this and all future pellet insertions.

I understand that payment is due in full at the time of service. I also understand that it is my responsibility to submit a claim to my insurance company for possible reimbursement. I have been advised that most insurance companies do not consider pellet therapy to be a covered benefit and my insurance company may not reimburse me, depending on my coverage. I acknowledge that my provider has no contracts with any insurance company and is not contractually obligated to pre-certify treatment with my insurance company or answer letters of appeal.

Print Name

Signature

Date

