Female Testosterone and/or Estradiol Pellet Insertion Consent Form

Name: ______________________________ (Last) ______________________________ (First) ______________________________ (Middle)  Today’s Date: ________________

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 yam 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 cannot be given to pregnant women.

My birth control method is: (please circle)
Abstinence  Birth control pill  Hysterectomy  IUD  Menopause  Tubal ligation  Vasectomy  Other

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.

Side effects may include: 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 (estradiol pellets only); increase in hair growth on the face, similar to pre-menopausal patterns; water retention (estradiol only); increased growth of estrogen dependent tumors (endometrial cancer, breast cancer); safety of any of these hormones during pregnancy cannot be guaranteed. Notify your provider if you are pregnant, suspect that you are pregnant or are planning to become pregnant during this therapy, continuous exposure to testosterone during pregnancy may cause genital ambiguity; 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 and Hematocrit) should be done at least annually. This condition can be reversed simply by donating blood periodically.


I agree to immediately report to my practitioner’s office any adverse reaction or problems that might be related to my therapy. Potential complications have been explained to me and I agree that I have received information regarding those risks, potential complications and benefits, and the nature of bio-identical and other treatments and have had all my questions answered. Furthermore, I have not been promised or guaranteed any specific benefits from the administration of bio-identical therapy. 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 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.
Pellet insertion is a surgical procedure and does NOT include any consult time with the doctor. Some minor issues may be addressed during the procedure or after, but if your problem requires more time due to complications or because you have more questions than can be addressed in just a few minutes, or if you have other medical issues you want to ask the doctor about, you will be expected to make another appointment for an office consult for which you will be charged, in addition to the pelleting procedure fee.

Future re-pellets and/or “boosts” will NOT entail an office visit charge unless you are having complications and/or have more questions than can be answered in the few minutes during a procedure. If you have questions about other issues, you will have to make an appointment for an office consult.

Preventative medicine and bio-identical hormone replacement is a unique practice and is considered a form of alternative medicine. Even though the physicians and nurses are board certified as Medical Doctors and RN’s or NP’s, insurance does not recognize it as necessary medicine BUT is considered like plastic surgery (aesthetic medicine) and therefore is not covered by health insurance in most cases.

This practice is not associated with any insurance companies, which means they are not obligated to pay for our services (blood work, consultations, insertions or pellets). We require payment at time of service and, if you choose, we will provide a form for you to send to your insurance company and a receipt showing that you paid out of pocket. WE WILL NOT, however, communicate in any way with insurance companies.

The form and receipt are your responsibility and serve as evidence of your treatment. We will not call, write, pre-certify, or make any contact with your insurance company. Any follow up letters from your insurance to us will be thrown away. If we receive a check from your insurance company, we will not cash it, but instead return it to the sender. Likewise, we will not mail it to you. We will not respond to any letters or calls from your insurance company.

For patients who have access to Health Savings Account, you may pay for your treatment with that credit or debit card. This is the best idea for those patients who have an HSA as an option in their medical coverage.

**New Patient Consult Fee** **(up to 30 min)** - **$150.00** *(This includes a review and explanation of forms and signing them, some of which you may already have done. Dr. Glanville is open to spending more time with you if you need it, and charges will be commensurate with the time required. If you need more time, another appointment may have to be made to continue the discussion with either Dr. Glanville or his staff.)*

**Female Hormone Pellet Insertion Fee**.................................**$325.00**

**We accept the following forms of payment:**
Credit or Debit Cards and Cash

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<thead>
<tr>
<th>Print Name</th>
<th>Signature</th>
<th>Today’s Date</th>
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</table>

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New Female Patient Package Page Number: 6  Revision Date 5-1-14
WHAT MIGHT OCCUR AFTER A PELLET INSERTION - Female

A significant hormonal transition will occur in the first four weeks after the insertion of your hormone pellets. Therefore, certain changes might develop that can be bothersome.

- **FLUID RETENTION**: Testosterone stimulates the muscle to grow and retain water, which may result in a weight change of two to five pounds. This is only temporary. This happens frequently with the first insertion, and especially during hot, humid weather conditions.

- **SWELLING OF THE HANDS & FEET**: This is common in hot and humid weather. It may be treated by drinking lots of water, reducing your salt intake, taking cider vinegar capsules daily, (found at most health and food stores) or by taking a mild diuretic, which the office can prescribe.

- **UTERINE SPOTTING/BLEEDING**: This may occur in the first few months after an insertion, especially if you have been prescribed progesterone and are not taking it properly: i.e. missing doses, or not taking a high enough dose. Please notify the office if this occurs. Bleeding is not necessarily an indication of a significant uterine problem. More than likely, the uterus may be releasing tissue that needs to be eliminated. This tissue may have already been present in your uterus prior to getting pellets and is being released in response to the increase in hormones.

- **MOOD SWINGS/IRRITABILITY**: These may occur if you were quite deficient in hormones. They will disappear when enough hormones are in your system. 5HTP can be helpful for this temporary symptom and can be purchased at many health food stores.

- **FACIAL BREAKOUT**: Some pimples may arise if the body is very deficient in testosterone. This lasts a short period of time and can be handled with a good face cleansing routine, astringents and toner. If these solutions do not help, please call the office for suggestions and possibly prescriptions.

- **HAIR LOSS**: Is rare and usually occurs in patients who convert testosterone to DHT. Dosage adjustment generally reduces or eliminates the problem. Prescription medications may be necessary in rare cases.

- **HAIR GROWTH**: Testosterone may stimulate some growth of hair on your chin, chest, nipples and/or lower abdomen. This tends to be hereditary. You may also have to shave your legs and arms more often. Dosage adjustment generally reduces or eliminates the problem.

I acknowledge that I have received a copy and understand the instructions on this form.

_____________________________  __________________________  ________________
Print Name                      Signature                     Today’s Date

revised May 2014
Post-Insertion Instructions for Women

- Remove clear bandage in 7 days.
- We recommend putting an ice pack on the insertion area for 2 hours after the procedure.
- Do not take tub baths or get into a hot tub or swimming pool for 7 days. You may shower but do not scrub the site until the incision is well healed (about 7 days).
- No major exercises for the incision area for the next 7 days, this includes running, riding a horse, bike etc.
- The sodium bicarbonate in the anesthetic may cause the site to swell for 1-3 days.
- The insertion site may be uncomfortable for up to 2 to 3 weeks. If there is itching or redness you may take Benadryl for relief, 50 mg. orally every 6 hours. Caution this can cause drowsiness! Topical Benadryl also helps.
- You may experience bruising, swelling, and/or redness of the insertion site which may last from a few days up to 2 to 3 weeks.
- You may notice some pinkish or bloody discoloration of the outer bandage. This is normal.
- If you experience bleeding from the incision, apply firm pressure for 5 minutes.
- Please call if you have any bleeding not relieved with pressure (not oozing), as this is NOT normal.
- Please call if you have any pus coming out of the insertion site, as this is NOT normal.
- If you have nipple soreness or breast tenderness, get Evening Primrose Oil. 2 caps daily.

Reminders:
- Most women will need re-insertions of their pellets 3-6 months after their initial insertion.
- Please call as soon as symptoms that were relieved from the pellets start to return to make an appointment for a re-insertion. The charge for the second visit will only be for the insertion and not a consultation unless you have questions about hormones/pelleting that take more than a few minutes or if you have questions about other medical issues. If you have other questions you will probably need to make an appt for an office visit.
- Recheck Labs at six weeks after first pelleting. Thereafter as directed.
- DIM 150 mg daily
- Vitamin D3 5,000 IU daily or as directed

I acknowledge that I have received a copy and understand the instructions on this form.

________________________________________  _______________  __________________
Print Name                                 Signature                          Today’s Date

10-17

revised October 2016
**BHRT Checklist For Women**

Name: ___________________________  Date: ___________

E-Mail: ___________________________

**Symptom (please check mark)**

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Never</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
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<tbody>
<tr>
<td>Fatigue</td>
<td></td>
<td></td>
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<tr>
<td>Memory Loss</td>
<td></td>
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<tr>
<td>Mental confusion</td>
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<tr>
<td>Decreased sex drive/libido</td>
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<td>Sleep problems</td>
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<td>Mood changes/Irritability</td>
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<td>Tension</td>
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<td>Migraine/severe headaches</td>
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<td>Difficult to climax sexually</td>
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<td>Bloating</td>
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<tr>
<td>Weight gain</td>
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<tr>
<td>Breast tenderness</td>
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<tr>
<td>Vaginal dryness</td>
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<td>Hot flashes</td>
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<tr>
<td>Night sweats</td>
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<tr>
<td>Dry and Wrinkled Skin</td>
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<tr>
<td>Hair is Falling Out</td>
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<tr>
<td>Cold all the time</td>
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<tr>
<td>Swelling all over the body</td>
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<tr>
<td>Joint pain</td>
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**Family History**

<table>
<thead>
<tr>
<th>Condition</th>
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<th>YES</th>
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<tbody>
<tr>
<td>Heart Disease</td>
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<tr>
<td>Diabetes</td>
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<td>Osteoporosis</td>
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<td>Alzheimer's Disease</td>
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<tr>
<td>Breast Cancer</td>
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FEMALE ANNUAL EXAM AGREEMENT

I understand it is my responsibility to have a physician perform an annual gynecological exam as per standard of care that includes but is not limited to a mammogram, pap smear, rectal and pelvic health exam. I understand that PAP smears and/or Transvaginal Ultrasounds are the best single method for detection of early ovarian, endometrial and/or cervical cancer and that mammograms are the best single method for detection of early breast cancer. I understand it is my responsibility to provide Dr. Glanville’s office with a written copy of the report of my verbal report. If report is verbal I take full responsibility if someone else made an error on the report. It is my responsibility to follow the advice from the examining physician should any of the exam present abnormalities. I acknowledge and agree that I have been given adequate opportunity to review this document and to ask questions. This release and agreement is and shall be binding on myself and my heirs. This document is good for the duration of care and Dr. Glanville’s practice.

________________________________________________  ________________  ______________
Patient Print Name                                      Signature                              Today’s Date

_______________________________  ________________________________
Witness                                                   Today’s Date
DIM – diindoylmethane. Many patients are coming in for BHRT and have not heard of DIM and why they should take it…. We have a nutraceutical brochure and you should get one.

DIM is an active ingredient in cruciferous vegetables (broccoli, cauliflower, Brussel sprouts, cabbage, etc.) that does several things in men and women. I think most people have heard that our vegetables of today are not nearly as nutritious as they were 100 years ago. One capsule of 150 mg DIM from BioTE supposedly has the amount of DIM in about 7 pounds of broccoli.

1. Estrogen (which is found in men and women) can go down a healthy or unhealthy metabolic pathway. DIM pretty much assures that it will go down the healthy pathway. The unhealthy pathway is thought to increase the risk of breast cancer and prostate cancer.

2. Testosterone is bound to a protein (normal) to a great extent and only about 2% is free to be active. DIM helps T be less bound and therefore your T will be more active/effective.

3. DIM helps slow down the conversion of T to E (estrogen). This conversion is normal. But some people convert too much too fast. So DIM helps your T be more effective.

4. I think there are some other healthy effects but I don’t remember them right now.

5. You can get DIM from us/BioTE brand. I know it is very well made and Micronized (ground very fine so it is more bio-available to the body’s use). Women should take 150 mg per day and men should take 300 mg per day.

__________________________________________________
Signature                      Date

Eagle’s Wing Medical
Paul Glanville MD

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