Full Life Medical, PLLC

Bioidentical Hormone Replacement Therapy

J.K. Hargan, MD

INFORMED CONSENT FORM

I request and consent to the administration of bioidentical hormones and oral supplements and authorize that these will be prescribed by the physician, J.K. Hargan, MD.

I have not been promised or guaranteed any specific benefit from the administration of this therapy. I understand that with hormone supplementation / therapy, there are no guarantees with respect to the treatment prescribed.

I understand that I will be in charge of injecting/administering these hormones and supplements prescribed to me. I will conform and comply with the recommended doses and methods of administration.

I understand that initial blood tests will be performed to establish my baseline hormone levels as well as other labs that may be indicated based on my individual situation. I agree to comply with requests for ongoing testing to assure proper monitoring of my hormone levels and / or other labs as may be indicated based on my individual situation. I agree to report to the physician any adverse reaction or problems that might be related to my hormone therapy. I understand that with hormone supplementation / therapy there are possible risks and complications if I do not comply with the recommended dosage.

I understand that the role of the physician is for hormone replacement only. I agree that I am and will be under the care of another physician for all medical conditions current or in the future, and keep my appointments with them as they recommend. For female patients, you also agree to have mammography and pelvic exams and any other recommended tests / screenings on a regular and continuous basis with your primary healthcare provider and / or Gynecologist.

I have been informed that insurance companies and Medicare do not pay for hormone supplementation therapy. I therefore agree to pay for all services including laboratory and pharmacy charges myself, with the understanding that I will not be reimbursed by my insurance company.

J.K. Hargan, MD

INFORMED CONSENT FORM (continued)

Although the following is NOT demonstrated in the vast majority of all research studies, the FDA has recently put a black box warning on testosterone prescriptions. This warning states that testosterone might be associated with an increased risk of heart attack (MI) and blood clots. However, the benefits still dramatically outweigh the poorly supported potential risks. I have advised you of these potential risks and you are acknowledging that you accept these potential risks, as well as the documented benefits.

For male patients, taking testosterone over time will lead to infertility. For all patients, hormone optimization may cause possible problems with heart, stroke, and clotting, although the vast majority of evidence / research do not support this to be true. Transference of certain forms of hormones to significant others and a child is possible and I have been instructed on how to avoid this issue.

I understand that I may stop using bioidentical hormones at any time I choose. And I understand and accept the fact that when I stop, all the risks for disease and medical problems will increase back to my "base line" risk. I hereby certify that I have revealed any and all medical conditions that I have now or in the past. I have completed all forms provided by the physician accurately and completely with no omissions.

I have read and understand all of the above. I have been given the opportunity to review this form at my leisure and I have had ample opportunity to ask questions and have any concerns addressed. I have been given the booklet authored Dr. Rouzier about hormone supplementation therapy, that I may fully understand what I am signing and hereby request and consent to treatment using hormone supplementation therapy, and any related supplementation as deemed appropriate by the physician.

_____ Date_____ _____Date_____

Physician Signature Patient Signature

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