



## ACKNOWLEDGEMENT OF FEES FOR MALES BIO-IDENTICAL HORMONE REPLACEMENT THERAPY (BHRT)

Thank you for your interest in BHRT. The contents of this package are your first step to restore your vitality. We look forward to partnering with you to help you feel your best again. Please take time to complete the following items:

- Review BHRT Frequently Asked Questions (FAQs)
- Fill out the Health Questionnaire. Please be sure to print legibly and answer all the questions as completely as possible.
- Call Stankus Family Care at 386-454-0721 to schedule your consultation appointment or if you have additional questions.

Here are the steps to personalize your BHRT- (By Appointment)

1. Initial Consultation – 30 minutes
  - a. Completion of health questionnaire – discuss symptoms, medical history, problems, etc.
  - b. Order labs –
    - i. **Female patients** will have the following tests – Estradiol, Progesterone, Testosterone, DHEA, and H&H All female patients must have current mammogram (done annually going forward) and current annual pelvic exam
    - ii. **Male patients** will have the following tests – Testosterone, Estradiol, DHEA, H&H, and PSA It is recommended that all male patients have current PSA and digital Prostate Exam *(You may be able to request these reports from your Urologist if you have had these tests recently.)*
    - iii. Schedule first insertion
2. First Pellet Insertion Appointment
  - a. Your provider will go over your labs and make dosage recommendations for your first pellet insertion.
  - b. Schedule your lab appointment 3 weeks after initial insertion.
  - c. Schedule follow- up appointment for 30 days.
3. First follow Up Appointment –
  - a. Your provider will go over your 3-week lab results with you as well as your follow up health questionnaire for symptom changes.
  - b. Schedule second insertion and/or labs. \*Note: Labs will need to be done prior to the 2nd insertion appointment.
4. Second Insertion Appointment
  - a. Evaluate labs and health questionnaire for symptom changes; address quality of life.
  - b. Schedule your next pellet insertion appointment.



## HORMONE REPLACEMENT FEE ACKNOWLEDGEMENT

Preventative medicine and BHRT is a unique practice and considered a form of alternative medicine. Even though our providers are board certified medical practitioners and NPs, 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.

Some of the BHRT services are not paid by any insurance company (bloodwork, insertions or pellets). Our patients who have access to health savings accounts, may use this form of payment.

**FEMALE HORMONE PELLET INSERTION FEE:**  
**\$350**

**MALE HORMONE PELLET INSERTION FEE:**  
**\$700**

I understand I am financially responsible for all charges. I understand that payment is required at the time of service. I understand that I am financially responsible for any outstanding balances for services provided that are not fully covered by insurance.

PATIENT NAME

SIGNATURE

DATE



## PELLET INSERTION CONSENT FORM FOR MEN TESTOSTERONE/TESTOSTERONE -ANASTROZOLE

Testosterone pellet implantation has been used for androgen replacement since 1940. Implants may be manufactured or compounded. A physician or physician's assistant implants the pellets under the skin of the abdominal wall or upper gluteal area through a small incision using local anesthesia. Complications may occur and may include, but are not limited to, extrusion of the pellet, bleeding, bruising, swelling, skin discoloration, scarring, acne and infection. There may be discomfort following the procedure. An ice pack may be applied.

Pellets dissolve and are not removed. Pellets avoid the liver. There is not an increase in clotting factors or elevation of liver enzymes. Alternatives to testosterone implants include topical creams and gels, patches, lozenges or injections. Testosterone does not cause prostate cancer, but may stimulate an undiagnosed prostate cancer. If your PSA is elevated, you will need written approval from your urologist or primary care physician prior to testosterone therapy. Testosterone may also increase the production of red blood cells. If the red blood count elevates above normal, you may donate blood or lower your dose of testosterone. Testosterone, delivered by pellet implantation decreases sperm production and testicular size, and may worsen sleep apnea. A few recent studies have suggested an increased risk of cardio-vascular events in men receiving testosterone therapy, particularly in men with a history of heart disease. In June 2014, the FDA issued a warning about increased blood clots in veins.

**CONSENT FOR TREATMENT:** I HAVE BEEN INFORMED THAT I MAY EXPERIENCE ANY OF THE COMPLICATIONS TO THIS PROCEDURE AS DESCRIBED BELOW.

Bleeding, bruising, swelling, infection and pain, lack of effect (typically from lack of absorption), thinning hair, male pattern baldness, increased growth of prostate and prostate tumors, extrusion of pellets, and hyper sexuality (overactive libido). There can be 10-15% shrinkage in testicle size. There can also be a significant reduction in sperm production. Testosterone is the major substrate or "building block" for estrogen. Symptoms of excess estrogen include fluid retention, bloating, breast tenderness, irritability and weight gain. You may be treated with an estrogen blocker, anastrozole, which can be combined with testosterone in the compounded pellet implant. Testosterone and estrogen levels may be checked to assess the absorption of testosterone and the conversion to estrogen.



- If there is a concern about prostate cancer, you may elect a 3-4 month trial of treatment with a shorter acting testosterone preparation (gel, patch, shot). If the PSA is elevated, pellets may be implanted after a negative prostate biopsy and clearance by your urologist. Pellets are not removed.
- Notify the doctor if you are diabetic and have had a joint replacement. • You must notify the physician of any allergies or bleeding problems prior to the procedure including anti-coagulant (Coumadin, Plavix) or aspirin therapy.
- You should notify your primary health care provider that you have the testosterone implants and need follow-up care, including and annual CBC (blood count).
- If PSA increases on testosterone therapy, you must see your doctor or a urologist.
- You should avoid vigorous physical activity for 5 days following the insertion of the pellets.

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 therapy that we do not yet know, at this time, and 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 have read and understand the above information. I understand the procedure, benefits, risks, and alternatives to the "Implantation of Testosterone {Testosterone-anastrozole Pellets}" and testosterone therapy.

I agree to allow JOSEPH STANKUS, APRN, OR CALLIE SMITH, APRN to implant the testosterone and testosterone-anastrozole pellets. I agree to hold STANKUS FAMILY CARE harmless for any complications. I have discussed any questions or concerns with JOSEPH STANKUS, APRN, OR CALLIE SMITH, APRN. I agree to stay up to date with STANKUS FAMILY CARE for my routine annual care, annual physical exam, and prostate exam.

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Print Name

Signature

Date