Designs for Wellness

MedAmi Laboratories INC.

Please be aware that any hormone or vitamin treatment provided by Designs for Wellness is on a self-pay basis. We **DO NOT** contract with any insurance carriers, so we cannot file or accept insurance for these services. For this reason, we do not offer medical necessity forms for any reason.

AVAILABLE SERVICES	PRICING	SCHEDULE	OFFICE VISITS REQUIRED
Female Hormone Panel ***Required for all pt's on hormone replacement therapy**	$175	2 weeks after 3rd dose Then annually	Consult 3 Month Follow Up Then annual visits
Male Hormone Panel ***Required for all pt's on hormone replacement therapy**	$140	2 weeks after 5th dose Then annually	Consult 3 Month Follow Up Then annual visits
Hormone Pellets	1st Pellet $75 Each Additional $35	Quarterly	Annually
Hormone Injections Hormone w/Bewell Hormone w/B12 Hormone w/Slim	$35 $45 $40 $40	As Directed	Annually
B12 Slim Shot Bewell (combo of B12/Slim)	$25 $25 $25	Weekly Weekly Weekly	

Patient name: _____ DOB: _____

Patient signature: _____ Date: _____

DFW Hormones Consent for Hormone Treatment

I understand that Hormone Treatments with oral, injectable, topical or hormone pellets, are to normalize hormonal balance and relieve the symptoms associated with hormone imbalance. The bio-identical hormone preparations that may be prescribed for you are regulated by pharmacy compounding laws, which follow the Pharmacy Compounding Accreditation Board (PCAB) guidelines. The Carie Boyd Compounding Pharmacy, an FDA regulated compounder and partner with BioTE Medical, provide the hormones we administer in the office.

Injections:

Injection site reactions.

Pain at injection site.

Gels:

Local skin reactions.

Irregular absorption.

Pellets:

1. After the first insertion of pellet(s), a booster insertion may be required in 5-6 weeks
2. Insertion may be required 4-5 times per year
3. The insertion of the pellets is a surgical procedure that has been explained to me and I fully understand the procedure.
4. The area of insertion may be sore for 2-3 weeks.
5. Minimize activity for 2-3 days following the pellet insertion.
6. Stop taking medications that can thin the blood prior to and after the procedure.

Possible unwanted side effects of the hormone treatments:

1. Acne and increase in hair growth
2. Transient water retention
3. Persistent, abnormal erection of the penis
4. Change in the amount of cervical secretion
5. Transient breast tenderness and swelling especially in the first three weeks
6. Transient & reversible swelling of the labia and clitoris.
7. Progesterone, if prescribed, may be sedating so coordinate the dosing with your sleep cycle.
8. Lack of effect (from lack of absorption)
9. Changes in vaginal bleeding pattern and abnormal withdrawal bleeding or flow; breakthrough bleeding, spotting.
10. Androgen therapy may elevate blood calcium in immobilized patients and improve insulin resistance in males, so diabetics who use insulin should monitor glucose levels closely.
11. Serum cholesterol and/or bilirubin may increase during therapy.
12. Androgen may increase sensitivity to oral anticoagulants.

13. Binding proteins may be elevated i.e., corticosteroid binding globulin (CBG), sex-hormone binding globulin (SHBG), leading to increased circulating corticosteroids and sex steroids respectively. Biologically active (free) hormone concentrations are unchanged.
14. Increase triglycerides levels.

Possible desired side effects of hormone treatments:

1. Increase in amount of cervical secretion.
2. Relief of erectile dysfunction increase duration and frequency of erections.
3. Increased sensitivity of the labia and clitoris.
4. Increased plasma HDL and HDL-2 subfraction concentrations, reduced LDL cholesterol concentration 5. Changes in libido
6. According to 2013 and 2015 the National Institutes of Health studies, the incidence of breast cancer is reduced if testosterone levels are maintained in normal range.

Very rare side effects of hormone treatment are susceptible patients include:

1. Gastrointestinal. Nausea, vomiting. Abdominal cramps, bloating. Jaundice.
2. Increased incidence of gallbladder disease.
3. Chloasma or melisma (light and dark skin patches) that may persist when drug is discontinued. Red Skin Patches (Erythema multiforme. Erythema nodosum. Hemorrhagic eruptions.)
4. Intolerance to contact lenses.
5. Headache, migraine, dizziness. Mental depression. Chorea (Involuntary body movements).
6. Increase or decrease in weight.
7. Reduce carbohydrate tolerance.
8. Aggravation of porphyria (a rare blood disorder).

WARNINGS AND CONTRAINDICATIONS TO HORMONE THERAPY

1. Known or suspected pregnancy. Estrogens may cause fetal harm when administered to a pregnant woman.
2. Undiagnosed abnormal genital bleeding.
3. Known or suspected cancer of the breast or prostate except in appropriately selected patients being treated for metastatic disease.
4. Known or suspected estrogen or testosterone dependent cancers.
5. Active blood clotting disorders.
6. The reported endometrial cancer risk among unopposed estrogen (not testosterone or progesterone) users may be 2 to 12-fold greater than in non-users. The risk is associated with prolonged unopposed use for five to ten years or more. Concurrent progestin and testosterone therapy may offset this risk.
7. Most studies have not shown an increased risk of breast cancer in women who have ever used estrogen only replacement therapy. Estrogen and progestin therapy have been shown by the Women's Health Initiative Study (2000) to increase lifetime breast cancer risk by 5% at 5 years of use.
8. Large dose of ORAL estrogen comparable to those used to treat cancer of the prostate and breast in MEN was shown to increase the risks of nonfatal myocardial infarction, pulmonary embolism, and thrombophlebitis. This may not apply to women. However, to avoid the theoretical cardiovascular risk to women caused by high ORAL estrogen doses, the dose for ORAL estrogen replacement therapy should not exceed the lowest effective dose.

9. Occasional blood pressure increases during estrogen replacement therapy have been reported. More often, blood pressure has remained the same or has dropped. Nonetheless, blood pressure should be monitored at regular intervals with estrogen use.
10. Some effects such as voice changes may not be reversible even when the drug is stopped.
11. If cholestatic hepatitis with jaundice appears, the androgen must be discontinued.
12. Edema with or without congestive heart failure, may occur in patients receiving androgens. This may be a serious complication in patients with preexisting cardiac, renal or hepatic disease.

I agree to regular monitoring which should include complete physicals, rectal examinations and/or colonoscopy EKG, mammograms, pelvic/breast exams, pap smears, prostate exams, PSA levels at least on a yearly basis.

I agree to immediately report any adverse reactions or problem that might be related to my therapy.

Please note**: DFW does not contract with insurance companies**. Our services are preventive in nature and are not covered by insurance. Insurance may or may not cover office visits and laboratories. We charge cash for supplies and administration of all hormone treatments at the time of the visit and do not file any insurance claims.

I have read and understand the above. I have been encouraged and have had the opportunity to ask any questions regarding the warning and precautions listed on the back of this page. All my questions have been answered to my satisfaction. I further acknowledge 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 those listed above. I accept these risks and benefits and I consent to hormone therapy. Furthermore, I have not been promised or guaranteed any specific benefits form the administration of hormone therapy.

_____ _____

Name Date