

Testosterone Replacement Informed Consent

Patient Name: _____ Date: _____

This form is designed to document that you understand the information regarding Testosterone Replacement Therapy, so that you can make an informed decision regarding your condition and your options.

Based on your symptoms and the results from laboratory testing, Dr. Rabahuddin Syed MD, may recommend or has recommended Testosterone Replacement Therapy. The goal of such therapy is to optimize your testosterone levels in order to alleviate the symptoms of low testosterone. Testosterone is NOT administered for muscle building or to enhance athletic performance, but rather for relief of symptoms and improvement in quality of life.

Testosterone is not well stored in the body, so in order to maintain healthy levels; it needs to be administered in timed intervals and appropriate dosages. Testosterone can be administered in a number of ways. There are transdermal (topical creams, gels), intramuscular injections, and Subdermal Pellet Insertion.

The full health benefits of testosterone are associated with restoring the levels to “optimal” range, and not the “normal-for-age “range. Specifically, this means raising your testosterone level to the upper quarter of the reference (physiologic) range in our opinion. The range for testosterone is 250-1100ng/dl, so the optimal range is 700-1100ng/dl.

Possible complications of non-treatment may include worsening of your symptoms and increasing your risk of conditions associated with testosterone deficiency including heart disease, diabetes, Alzheimer’s, osteoporosis, depression, and premature death.

All medical treatments have potential side effects. However, there are few potential side effects with testosterone therapy since we are simply restoring something inherently natural to the body (testosterone), and we are restoring it to healthy physiologic levels only. The goal is to make sure the testosterone level is high enough to achieve benefits, but not so high to create serious problems. The most common side effects are generally mild and temporary, and may include:

- **Overproduction of red blood cells: This is also known as erythrocytosis. Testosterone can stimulate bone marrow to produce more red blood cells. This can sometimes cause the blood to become too viscous (thick). This is reversed by donating blood every 2-3 months.**
- **Decreased testosterone and/or sperm production, and testicular shrinkage: Testosterone can**

sometimes cause a reduction in testosterone and/or cell production, and rarely, mild shrinkage of the testicles. **THIS IS PREVENTED BY TWICE WEEKLY MICROINJECTIONS OF PRESCRIPTION HCG (HUMAN CHORIONIC GONADOTROPIN) WHICH IS PROVIDED.**

- **Fluid Retention:** This is also known as edema. A small number of men on testosterone therapy may retain fluid. This is reversed by reducing the dose of testosterone and/or by the use of foods that have a diuretic like effect.

- **Acne:** Testosterone Replacement Therapy may increase oil production in the sebaceous glands in the skin, leading to acne. Such acne is mild and more likely to occur if the body was extremely deficient in testosterone. This lasts a short time and is reversed with good washing, astringents and skin toner.

- **Breast or nipple sensitivity:** When this occurs, it is due to testosterone converting to excess estrogen in the body. The sensitivity is due to the increased blood supply to the breast tissue that estrogen causes. **THIS IS PREVENTED BY AND ESTROGEN-BLOCKING MEDICATION CALLED ANASTROZOLE WHICH IS PROVIDED.**

- **Hair thinning:** when this occurs, it is due to testosterone being converted to excess amounts of DHT (dihydrotestosterone) in the hair follicles. This is managed by taking over the counter tocotrienols (special form of Vitamin E) and biotin (a B vitamin), or by using a DHT blocking shampoo which we can prescribe.

It is important to understand that medicine is an inexact science. Although we will carry out your treatment carefully, results may vary in the degree of success. It is quite natural for a patient undergoing Testosterone Replacement Therapy to want to know everything will turn out all right. Most of the time it will be fine, however it is necessary to discuss the potential risks.

It is very important for you to be aware of the potential risks, as well as the benefits, expected from the treatment when deciding on whether to begin Testosterone Replacement Therapy. You should also be aware of the alternatives to Testosterone Replacement Therapy, including not receiving treatment.

It is important to consider the information we have provided you. Be sure you are doing what is right for you. If you are unsure, then perhaps you should take time to weigh your options or consult another health care provider.

Please review the following pages, which discuss informed consent. Any questions you may have should be brought to our attention. Your provider will attempt to answer all of your questions to your satisfaction.

Please initial the paragraphs below:

_____ This is my consent for Atlanta Men's Clinic; including any physician or nurse who works with the company to begin treatment for Testosterone Replacement Therapy.

_____ It has been explained to me, and I fully understand, that occasionally there are complications with this treatment such as Acne, Breast Enlargement, Mood Swings, as well as the following

_____ Extra fluid in the body- this can cause problems for patients with heart, kidney, or liver disease.

_____ Prostate enlargement- this can cause problems urinating.

_____ Changes in cholesterol levels, red blood cells. PSA levels, liver function enzymes, and other hormone levels which will be monitored by periodic blood tests.

_____ I understand that I will have periodic blood tests to monitor my blood levels.

_____ I understand there is no guarantee as to the results and that if I stop treatment, my condition may return or get worse.

_____ I have had the opportunity to discuss with Atlanta Men's Clinic and its practitioner my complete past medical history including any serious problems or injuries. All my questions concerning risks, benefits, and alternatives have been answered. I am satisfied with the answers.

_____ I understand that the physical exam by Atlanta Men's Clinic does not replace a full physical exam by my primary care physician and I agree to have my personal physician to perform a yearly full physical exam including a digital rectal exam, lipid profile, cholesterol levels, and a comprehensive metabolic panel.

_____ I confirm that this Informed Consent form has been explained to me to my satisfaction, and that I have read it or have had it read to me and understand its contents fully.

_____ I understand that Testosterone Replacement Therapy works best when I change lifestyle habits such as limiting alcohol, stopping smoking, exercising regularly, and eating correctly.

_____ I acknowledge, understand, and agree that Testosterone Replacement Therapy is intended to lessen or eliminate the signs and symptoms of low testosterone, and to lessen the risk of diseases associated with testosterone deficiency. I acknowledge, understand, and agree that Testosterone Replacement Therapy is not accompanied by any guarantees, promises, or warranties.

_____ I acknowledge, understand, and agree to comply with all treatment instructions and will report any side effects.

_____ I acknowledge, understand, and agree that Dr. Rabahuddin Syed, is not a substitute for my primary care physician and routine care that he or she provides. If you are on medication for diabetes, depression, or anxiety, or medication for inflammation such as prednisone, because testosterone often lessens the impact of these conditions, lowering of dosages of your medication needs to be done by your primary care physician.

_____ **INDEMNIFICATION CLAUSE:** I agree to indemnify, defend, protect and hold harmless Dr. Rabahuddin Syed, and Atlanta Men's Clinic, LLC; and their respective officers, directors, employees, stockholders, assigns, successors, and affiliates (Indemnified Parties) from, against and in respect of all liabilities, losses, claims, damages, judgments, settlement payments, deficiencies, penalties, fines, interest and costs, expenses suffered, sustained, incurred or paid by the Indemnified parties, in connection with, resulting from or arising out of, directly or indirectly, Dr. Rabahuddin Syed, and Atlanta Men's Clinic, LLC; rendering medical care, services, advice, and/or treatment, my failure to disclose all relevant information regarding my medical and physical condition, acts or omissions, of Dr. Rabahuddin Syed, Atlanta Men's Clinic, LLC; harm or injury resulting from medical care or pharmaceuticals provided directly or indirectly by Dr. Rabahuddin Syed, and Atlanta Men's Clinic, LLC. I am aware of the potential side effects associated with the above described treatment, accept all the risks involved in taking the medication and will not see indemnification or damages from the Indemnified parties. This agreement contains the entire understanding of the parties and supersedes and merges all prior and contemporaneous agreements and discussion between the parties. Any and all representations and agreements by any agent or representative of either party not contained in this agreement is null and void and of no effect. If any provision of this agreement or the application thereof to any person or circumstances is held invalid or unenforceable in any jurisdiction, the remainder hereof and the application of such provision to such person or circumstances in any other jurisdiction shall not be affected thereby and to this end the provisions of this agreement shall be sever- able.

_____ I acknowledge, understand, and agree to the terms and conditions disclosed herein including but not limited to the indemnification clause for any liabilities arising out of Testosterone Replacement Therapy rendered by Dr. Rabahuddin Syed, and Atlanta Men's Clinic, LLC.

Patient Signature

Date

Witness Signature

Date