

HormoneRestoration.com

Henry Lindner, MD

Consent for Bioidentical Hormone Restoration and Nutritional Therapy

Please initial each statement and sign at the bottom.

If you have any questions, please discuss with Dr. Lindner before signing.

_____ I hereby request and consent to the administration of hormones and nutritional supplements by Dr. Lindner for the purpose of restoring optimal levels and/or effects—even when laboratory test results are within reference ranges for age and/or in circumstances where some medical organizations do not recommend supplementation.

_____ I understand that Dr. Lindner's practice is based upon his own interpretation of the research and on the patient's response to therapy, and thus may not conform to guidelines issued by some medical organizations.

_____ I understand that nutritional supplementation and hormone restoration (HR) for improved health, quality of life, and disease prevention are new specialties, are not yet broadly accepted medical practice, and that there are no guarantees with respect to such treatment.

_____ I am seeing Dr. Lindner for hormone restoration only, I do not hold him responsible to diagnose other diseases or to determine the ultimate cause of a hormone deficiency. I will consult my primary care doctor or an endocrinologist for such services.

_____ I understand that with HR there are risks and possible complications if I do not comply with the recommended dosage. I agree to administer the hormones as directed.

_____ I understand that blood tests must be performed to monitor hormone levels and that I must have these tests when Dr. Lindner advises them in order to continue HR.

_____ I agree to report to Dr. Lindner any adverse reactions or problems that might be related to HR.

_____ I understand that I may be offered pharmacy-compounded or over-the-counter products, whose active ingredient is a human hormone that has been well-studied, but the products themselves have not been studied as are FDA-approved products. Dr. Lindner will determine the proper dose using blood testing and the patient's response to the hormone.

_____ I have been informed that Dr. Lindner has concluded that in women, combined estradiol and progesterone therapy has not been shown to increase the risk of breast or uterine cancer. In men, testosterone supplementation has not been shown to increase the risk of prostate cancer. However, hormone replacement does not protect against these cancers and they may still occur. I have been informed that transdermal estradiol, unlike oral estrogens, has not been shown to increase the risk of blood clots, heart attacks, or strokes.

_____ Women only: I do not hold Dr. Lindner responsible to perform screening tests. I will consult with my primary care physician or gynecologist concerning bone density scans, breast exams, mammograms, uterine ultrasounds and biopsies, and PAP smears. I understand that HR does not eliminate and may even increase the chance of pregnancy and will take appropriate precautions to prevent pregnancy (IUD, condoms, etc.).

_____ Men only: I do not hold Dr. Lindner responsible to perform prostate cancer screening: PSA tests and rectal exams. I will decide whether to undergo such screening periodically in consultation with my primary care physician or urologist.

I have read and understand all of the above.

Patient Signature _____ Date _____