

HormoneRestoration.com

Henry Lindner, MD

Consent for Bioidentical Hormone Restoration and Nutritional Therapy

Please initial each statement and sign at the bottom. Please discuss any questions with Dr. Lindner before signing.

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

_____ I hereby consent to the administration of hormones and nutritional supplements by Dr. Lindner for the purpose of restoring optimal levels and/or effects—including when levels are within reference ranges to start.

_____ 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 may not conform to guidelines issued by some medical organizations. He does not rely on the TSH test for diagnosing thyroid insufficiency or monitoring 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 dosages and follow up tests. I agree to administer the hormones as directed will have tests done when ordered. 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 or a nutrient that has been well-studied, but that the products themselves are not FDA-approved. Dr. Lindner will determine the proper dose using blood testing and my clinical response.

_____ I have been informed that in the small percentage of persons who have a predisposition, thyroid and/or cortisol replacement therapy may trigger a heart arrhythmia (atrial fibrillation) that may require hospitalization, drug therapy, and/or electrical cardioversion. If I have persistent palpitations, rapid heart rate, and/or shortness of breath I will need to seek medical attention from my primary care physician or an emergency room.

_____ 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, and PAP smears, and concerning the need for vaginal ultrasounds and biopsies while on HR. I understand that HR does not eliminate and may even increase the risk of pregnancy and will take appropriate precautions to prevent pregnancy (IUD, condoms, etc.). I have been informed that while combined transdermal estradiol and oral/transdermal progesterone therapy has not been shown to increase the risk of blood clots, heart attacks, or strokes; or breast or uterine cancer; it may not provide protection against these disorders and they may still occur.

_____ 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 been informed that while testosterone supplementation has not been shown to increase the risk of heart attacks, strokes, or prostate cancer, it may not provide protection against these disorders and they may still occur.

I have read and understand all of the above.

Patient Signature _____ Date _____