

OFFICE USE ONLY - INTITIAL PELLET INSERTION FORM FEMALE

NAME:		DATE:
Height: Weight: _	Blood Pressure:Tem	perature:
CURRENT MEDICATIONS:		
SURGERY/ HISTORY:	Hysterectomy: () YES () NO	Ovaries: () YES () NO
Last Pap:	Last Mammogram:	Normal: () YES () NO
SYMPTOMS:		
LABS:		
Estradiol: Testoste	erone: FSH: Vitami	n D: Vitamin B12:
TSH: Free T3:	TPO: CBC:	_ Chem Panel:
LDL: HDL:		
was signed. An area in the epinephrine and sodium bicanumber 11 blade. The trocand or Estradiol pellet(s) we strips and/or Foam Tape w	hip was prepped with Betadine swa arbonate was injected to anesthetize the r with cannula was passed through the re inserted through the cannula into t	rtion of Testosterone and/or Estradiol pellet implants bs. A sterile drape was applied. 1% Lidocaine with the area. A small transverse incision was made using a incision into the subcutaneous tissue. Testosterone he subcutaneous tissue. Bleeding was minimal. Steri applied. The patient tolerated the procedure well atient. Pellets used are as follows:
	MG's Testosterone Lot Num	bers:
	MG's Estradiol Lot Numbers:	
3. Progesterone:		CYCLE or CONTINUOUS (circle one)
	Arimidex:	
		lodine



OFFICE USE ONLY – REPEAT PELLET INSERTION FORM FEMALE

NAME:					
DATE					
SYMPTOMS/NOTES:					
PROCEDURE REPORT:					
The procedure, risks, benefits and alternatives were explained to the patient. Questions were answered and a consent form for the insertion of testosterone pellet implants was signed. An area in the hip was prepped with Betadine swabs. A sterile drape was applied. 1% Lidocaine with epinephrine and sodium bicarbonate was injected to anesthetize the area. A small transverse incision was made using a number 11 blade. The trocar with cannula was passed through the incision into the subcutaneous tissue. Testosterone pellet(s) were inserted through the cannula into the subcutaneous tissue. Bleeding was minimal. Steri-strips and/or Foam Tape were applied. A sterile dressing was applied. The patient tolerated the procedure well. Postoperative instructions were reviewed and a copy given to the patient.					
WeightTestosterone pellet Lot #					
Estradiolmg Testosteronemg					
Insertion site: Left Hip () Right Hip ()					



WHAT MIGHT OCCUR AFTER A PELLET INSERTION

A significant hormonal transition will occur in the first four weeks after the insertion of your hormone pellets. Therefore, certain changes might develop that can be bothersome.

- **FLUID RETENTION**: Testosterone stimulates the muscle to grow and retain water, which may result in a weight change of two to five pounds. This is only temporary. This happens frequently with the first insertion, and especially during hot, humid weather conditions.
- SWELLING OF THE HANDS & FEET: This is common in hot and humid weather. It may be treated by drinking lots
 of water, reducing your salt intake, taking cider vinegar capsules daily, (found at most health and food stores)
 or by taking a mild diuretic, which the office can prescribe.
- UTERINE SPOTTING/BLEEDING: This may occur in the first few months after an insertion, especially if you have been prescribed progesterone and are not taking properly: i.e. missing doses, or not taking a high enough dose. Please notify the office if this occurs. Bleeding is not necessarily an indication of a significant uterine problem. More than likely, the uterus may be releasing tissue that needs to be eliminated. This tissue may have already been present in your uterus prior to getting pellets and is being released in response to the increase in hormones.
- MOOD SWINGS/IRRITABILITY: These may occur if you were quite deficient in hormones. They will disappear
 when enough hormones are in your system. 5HTP can be helpful for this temporary symptom and can be
 purchased at many health food stores.
- **FACIAL BREAKOUT**: Some pimples may arise if the body is very deficient in testosterone. This lasts a short period of time and can be handled with a good face cleansing routine, astringents and toner. If these solutions do not help, please call the office for suggestions and possibly prescriptions.
- HAIR LOSS: Is rare and usually occurs in patients who convert testosterone to DHT. Dosage adjustment generally reduces or eliminates the problem. Prescription medications may be necessary in rare cases.
- HAIR GROWTH: Testosterone may stimulate some growth of hair on your chin, chest, nipples and/or lower
 abdomen. This tends to be hereditary. You may also have to shave your legs and arms more often. Dosage
 adjustment generally reduces or eliminates the problem.

I acknowledge that I have received a copy and understand the instructions on this form.

	×		
Print Name	Signature	Today's Date	



Post-Insertion Instructions for Women

- Your insertion site has been covered with two layers of bandages. Remove the outer pressure bandage any time after 24 hours. It **must** be removed as soon as it gets wet. You may replace it with a bandage to catch any anesthetic that may ooze out. The inner layer is either waterproof foam tape or steristrips. They should be removed in **3 days**.
- We recommend putting an ice pack on the insertion area a couple of times for about 20 minutes each time over the next 4 to 5 hours.
- Do not take tub baths or get into a hot tub or swimming pool for **3 days**. You may shower but do not scrub the site until the incision is well healed (about 7 days).
- No major exercises for the incision area for the next 3 days, this includes running, riding a horse, etc.
- The sodium bicarbonate in the anesthetic may cause the site to swell for 1-3 days.
- The insertion site may be uncomfortable for up to 2 to 3 weeks. If there is itching or redness you may take Benadryl for relief, 50 mg. orally every 6 hours. Caution this can cause drowsiness!
- You may experience bruising, swelling, and/or redness of the insertion site which may last from a few days up to 2 to 3 weeks.
- You may notice some pinkish or bloody discoloration of the outer bandage. This is normal.
- If you experience bleeding from the incision, apply firm pressure for 5 minutes.
- Please call if you have any bleeding not relieved with pressure (not oozing), as this is NOT normal.
- Please call if you have any pus coming out of the insertion site, as this is NOT normal.

Reminders:

- Remember to go for your post-insertion blood work **5-6 weeks** after the insertion.
- Most women will need re-insertions of their pellets **4-5 months** after their initial insertion.
- Please call as soon as symptoms that were relieved from the pellets start to return to make an appointment for a re-insertion. The charge for the second visit will only be for the insertion and not a consultation.

Additional Instruction	ons:	
l acknowledge tl	nat I have received a copy and understa	and the instructions on this form.
Print Name	Signature	Today's Date

Female Treatment Plan



- ° The following medications or supplements are recommended in addition to your pellet therapy.
- ° Please refer to the supplement brochure to help you understand why these are beneficial.
- ° Unless specified, these can be taken any time of day without regards to meals.

Supplements: These may be purchased in our office. When you run out they can be mailed to you for your convenience.

ADK (vitami			
	2 a day for w	eeks, then one a da	у
Iodine 12.5	mg daily with food		
2000-4000mg Vita	amin C, B-complex and 1/2	tsp Celtic or Medite	erranean sea salt mixed in warm
water <i>daily</i> are re	commended for the first fev	v weeks you are tal	king Iodine to prevent potential
detox symptoms (headache, body aches, fatig	ue, irritability)	
DIM 100 mg	daily- increases free testost	erone levels while	naturally decreasing "bad" estrogen
Prescriptions: Th	ese have been called into yo	our preferred phar	<u>macy</u>
Progesterone	/Prometrium nightly		
100 mg _	200 mg		
Please do not skip	doses of this medication as	it can result in vag	inal bleeding or an increased risk for
endometrial cance	er.		
Nature-throic	d or Armour Thyroid	_ mg every morning	g. This should be taken on an empty
stomach. Please w	ait 30 minutes before puttii	ng anything else on	your stomach. This includes coffee,
food, medications	vitamins or supplements	Sample given	
Wean of Syntl	nroid/levothyroxine: alterna	ate your desiccated	l thyroid (Nature-throid) every other
day with Synthroi	d/levothyroxine for 3 week	s then go to every o	lay on your desiccated thyroid.
Spironolactor	ne 100 mg daily	(ot	ner)
Wean off you	r antidepressant (see wean	protocol)(ot	her)
Please call or ema	il for any questions about th	nese recommendati	ons.
I acknowledge th	at I have received a copy	and understand tl	he instructions on this form
	*		
Print Name	Signat	cure	Today's Date