



Female New Patient Package

The contents of this package are your first step to restore your vitality.

Please take time to read this carefully and answer all the questions as completely as possible.

Thank you for your interest in BioTE Medical[®]. In order to determine if you are a candidate for bio-identical testosterone pellets, we need laboratory and your history forms. We will evaluate your information prior to your consultation to determine if BioTE Medical[®] can help you live a healthier life. **Please complete the following tasks before your appointment:**

2 weeks or more before your scheduled consultation: Get your blood lab drawn at any Arthrotec/or LabCorp Lab. We offer those both here at the clinic. If you are not insured or have a high deductible, call our office for self-pay blood draws. We request the tests listed below. It is your responsibility to find out if your insurance company will cover the cost, and which lab to go to. **Please note that it can take up to two weeks for your lab results to be received by our office.**

Your blood work panel MUST include the following tests:

Estradiol (CPT 82670)
FSH (CPT 83001)
Testosterone Total (CPT 84403)
Testosterone Free (84402)
TSH (CPT 84443)
T4, Total (CPT 84436)
T3, Free (CPT 84481)
T.P.O. Thyroid Peroxidase (CPT 86376)
CBC (CPT 85027)
Complete Metabolic Panel (CPT 80053)
Vitamin D, 25-Hydroxy (CPT 82306)
Vitamin B12 (CPT 82607)
Lipid Panel (Must be a fasting blood draw to be accurate) (CPT 83701, 83704, 84478-59)
Female Post Insertion Labs Needed at 4, 6 or 8 Weeks based on your practitioner's choice:
FSH (CPT 83001)
Testosterone Total (CPT 84403)
CBC (CPT 85027)
Lipid Panel (Optional) (Must be a fasting blood draw to be accurate) (CPT 83701, 83704, 84478-59)
TSH, T4 Total, T3 Free, TPO (Needed only if you've been prescribed thyroid medication) (CPT 84443, CPT
84436, CPT 84480, CPT)



Female Patient Questionnaire & History

(Last)	(First)		(Middle)	roday's Date:	
Date of Birth:	Age:	Weight:	Occupation:		
Home Address:					
City:			State:	Zip:	
Home Phone:	Phone:Cell Phone:		Work:		
E-Mail Address:	ddress:		May we contact you via E-Mail? () YES () NO		
In Case of Emergency Con	tact:		Relationship:		
Home Phone:	Ce	ell Phone:	Work:		
Primary Care Physician's N	imary Care Physician's Name:		Phone:		
Address:					
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Medical History

Any known drug allergies:	
Have you ever had any issues with anesthesia? () Yes please explain:	
Medications Currently Taking:	
Current Hormone Replacement Therapy:	
Past Hormone Replacement Therapy:	
Nutritional/Vitamin Supplements:	
Surgeries, list all and when:	
Last menstrual period (estimate year if unknown):	
Other Pertinent Information:	
Preventative Medical Care:	Medical Illnesses:
() Medical/GYN Exam in the last year.	() High blood pressure.
() Mammogram in the last 12 months.	() Heart bypass.
() Bone Density in the last 12 months.	() High cholesterol.
() Pelvic ultrasound in the last 12 months.	() Hypertension.
High Risk Past Medical/Surgical History:	() Heart Disease.
() Breast Cancer.	() Stroke and/or heart attack.
() Uterine Cancer.	() Blood clot and/or a pulmonary emboli.
() Ovarian Cancer.	() Arrhythmia.
() Hysterectomy with removal of ovaries.	() Any form of Hepatitis or HIV.
() Hysterectomy only.	() Lupus or other auto immune disease.
() Oophorectomy Removal of Ovaries.	() Fibromyalgia.
Birth Control Method:	() Trouble passing urine or take Flomax or Avodart.
() Menopause.	() Chronic liver disease (hepatitis, fatty liver, cirrhosis)
() Hysterectomy.	() Diabetes.
() Tubal Ligation.	() Thyroid disease.
() Birth Control Pills.	() Arthritis.
() Vasectomy.	() Depression/anxiety.
() Other:	() Psychiatric Disorder.
., -	() Cancer (type):
	Year:



Female Testosterone and/or Estradiol Pellet Insertion Consent Form

Name: Today's Da	te:
Bio-identical hormone pellets are concentrated hormones, biologically identical to the hormones prior to menopause. Estrogen and testosterone were made in your ovaries and adrenal gland prior hormones have the same effects on your body as your own estrogen and testosterone did when yo monthly fluctuations (ups and downs) of menstrual cycles.	to menopause. Bio-identical
Bio-identical hormone pellets are made from soy and are FDA monitored but not approved for fer The pellet method of hormone replacement has been used in Europe and Canada for many years a United States. You will have similar risks as you had prior to menopause, from the effects of estro pellets.	and by select OB/GYNs in the
Patients who are pre-menopausal are advised to continue reliable birth control while partire replacement therapy. Testosterone is category X (will cause birth defects) and cannot be given to pre-	
My birth control method is: (please circle) Abstinence Birth control pill Hysterectomy IUD Menopause Tubal ligation Vas	sectomy Other
CONSENT FOR TREATMENT: I consent to the insertion of testosterone and/or estradiol pellets in nather I may experience any of the complications to this procedure as described below. These side related to traditional testosterone and/or estrogen replacement. Surgical risks are the same as for a and are included in the list of overall risks below:	e effects are similar to those
Bleeding, bruising, swelling, infection and pain; extrusion of pellets; hyper sexuality (overactive Libida absorption); breast tenderness and swelling especially in the first three weeks (estrogen pellets only the face, similar to pre-menopausal patterns; water retention (estrogen only); increased growth of (endometrial cancer, breast cancer); birth defects in babies exposed to testosterone during the tumors, if already present; change in voice (which is reversible); clitoral enlargement (which is reverthat I may receive can aggravate fibroids or polyps, if they exist, and can cause bleeding. Testost one's hemoglobin and hematocrit, or thicken one's blood. This problem can be diagnosed with a b blood count (Hemoglobin & Hematocrit) should be done at least annually. This condition can be blood periodically.	y); increase in hair growth on f estrogen dependent tumors eir gestation; growth of liver ersible). The estradiol dosage terone therapy may increase llood test. Thus, a complete
BENEFITS OF TESTOSTERONE PELLETS INCLUDE: Increased libido, energy, and sense of well-being strength and stamina. Decreased frequency and severity of migraine headaches. Decrease in irritability. Decreased weight. Decrease in risk or severity of diabetes. Decreased risk of heart Alzheimer's and dementia	mood swings, anxiety and
I have read and understand the above. I have been encouraged and have had the opportunity to pellet therapy. All of my questions have been answered to my satisfaction. I further acknowledge testosterone and or estrogen therapy that we do not yet know, at this time, and that the risks and be been explained to me and I have been informed that I may experience complications, including above. I accept these risks and benefits and I consent to the insertion of hormone pellets under my for this and all future pellet insertions.	ge that there may be risks of enefits of this treatment have one or more of those listed
I understand that payment is due in full at the time of service. I also understand that it is my responding insurance company for possible reimbursement. I have been advised that most insurance company to be a covered benefit and my insurance company may not reimburse me, depending on that my provider has no contracts with any insurance company and is not contractually obligated my insurance company or answer letters of appeal.	panies do not consider pellet my coverage. I acknowledge
Print Name Signature	Today's Date



Hormone Replacement Fee Acknowledgment

Although more insurance companies are reimbursing patients for the BioTE® Medical Hormone Replacement Therapy, there is no guarantee. You will be responsible for payment in full at the time of your procedure.

We will give you paperwork to send to your insurance company to file for reimbursement upon request.

New Patient Consult Fee	\$125
Female Hormone Pellet Insertion Fee	\$300
Male Hormone Pellet Insertion Fee	\$600
Male Pellet Insertion Fee (≥2000mg)	\$700

We accept the following forms of payment:

Master Card, Visa, Discover, Personal Checks and Cash.

Print Name	Signature	Today's Date