

OFFICE USE ONLY – INTITIAL PELLET INSERTION FORM FEMALE

NAME:			DATE:
Height: Weight:	Blood Pressure:	Temperature: _	
CURRENT MEDICATIONS: _			
SURGERY/ HISTORY:	Hysterectomy: () YES () I	NO	Ovaries: () YES () NO
Last Pap:	Last Mammogram: _		Normal: () YES () NO
SYMPTOMS:			
LABS:			
Estradiol: Testos	terone: FSH:	Vitamin D:	Vitamin B12:
TSH: Free T3:	TPO: CBC:	Chem Pan	el:
LDL: HDL:	Triglycerides:		
was signed. An area in the epinephrine and sodium binumber 11 blade. The trocand or Estradiol pellet(s) wastrips and/or Foam Tape	ne hip was prepped with Betadir carbonate was injected to anesth car with cannula was passed throwere were inserted through the cannula	ne swabs. A sterilo etize the area. A so ugh the incision in n into the subcutar g was applied. Th	tosterone and/or Estradiol pellet implants e drape was applied. 1% Lidocaine with mall transverse incision was made using a to the subcutaneous tissue. Testosterone neous tissue. Bleeding was minimal. Sterie patient tolerated the procedure well ets used are as follows:
TREAT WITH:			
1. Testosterone:	MG's Testosterone Lo		
	MG's Estradiol Lot Numbe		
			DIM:
			lodine
COMMENTS:			



OFFICE USE ONLY – REPEAT PELLET INSERTION FORM FEMALE

NAME:				DATE:
Height:	Weight:	Blood Pressure:	Temperature:	
CURRENT	MEDICATIONS:			
SURGERY	/ HISTORY:	Hysterectomy: () YES	() NO	Ovaries: () YES () NO
Last Pap: ₋		_ Last Mammogi	ram:	Normal: () YES () NO
SYMPTON	/IS:			
LABS:				
Estradiol:	Testoste	rone: FSH:	Vitamin D:	Vitamin B12:
TSH:	Free T3:	TPO: CE	BC: Chem Par	nel:
LDL:	HDL:	Triglycerides:		
was signe epinephrir number 1 and or Est strips and	d. An area in the ne and sodium bica 1 blade. The trocal radiol pellet(s) we l/or Foam Tape w	hip was prepped with Boarbonate was injected to a with cannula was passed re inserted through the ca	etadine swabs. A steri nesthetize the area. A s through the incision in nnula into the subcuta essing was applied. The	stosterone and/or Estradiol pellet implants le drape was applied. 1% Lidocaine with small transverse incision was made using a nto the subcutaneous tissue. Testosterone neous tissue. Bleeding was minimal. Steri ne patient tolerated the procedure well ets used are as follows:
TREAT WI	TH:			
9. Es	tradiol:		ımbers:	
		Arimidey		DIM:
				lodine
CO	OMMENTS:			



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. 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	Todays's Date

Appointment Day Forms: 3 Revision Date 8-7-14



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 Instructio	ns:		
I acknowledge th	at I have received a copy and underst	and the instructions on this form.	



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 anytime of day without regards to meals.

____ BioTE Iodine Plus 12.5 mg daily with food

Supplements: These may be purchased in our office. When you run out they can be mailed to you for your convenience. ___ ADK (vitamins A, D3 and K2) ____ 2 a day for ____ weeks, then one a day

Delicat Name
I acknowledge that I have received a copy and understand the instructions on this form
Please call or email for any questions about these recommendations.
Wean off your antidepressant (see wean protocol) (other)
Spironolactone 100 mg daily (other)
day with Synthroid/levothyroxine for 3 weeks then go to every day on your desiccated thyroid.
Wean of Synthroid/levothyroxine: alternate your desiccated thyroid (natur-throid) every other
vitamins or supplements.
minutes before putting anything else on your stomach. This includes coffee, food, medications,
WP Throid mg every morning. This should be taken on an empty stomach. Please wait 30
endometrial cancer.
Please do not skip doses of this medication as it can result in vaginal bleeding or an increased risk for
100 mg 200 mg
Progesterone/Prometrium nightly
Prescriptions : These have been called into your preferred pharmacy
DIM 150 mg daily- increases free testosterone levels while naturally decreasing "bad" estrogen
potential detox symptoms (headache, body aches, fatigue, irritability)
water <i>daily</i> are recommended for the first few weeks you are taking BioTE Iodine Plus to prevent
2000-4000mg Vitamin C, B-complex and 1/2 tsp Celtic or Mediterranean sea salt mixed in warm

Print Name Signature **Today's Date**