

Consent for Hormone Supplementation Therapy

I, _____ specifically authorize Dr. Simmon Wilcox M.D. to perform an evaluation and develop for me a suggested plan for optimal health. I warrant that all information that I have submitted for my evaluation is true to the best of my knowledge.

I request and consent to the administration of hormones and oral supplements and authorize that these will be prescribed by Dr. Simmon Wilcox MD. I acknowledge that there are no guarantees or promises made with respect to how well I will benefit from the hormone supplementation therapy prescribed for me.

I understand that initial blood and/or saliva tests will be performed to establish my baseline hormone levels. I agree to comply with reasonable requests for follow-up testing to assure proper monitoring of my hormone levels. I agree to report to the doctor any adverse reaction or problem that might be related to my hormone therapy.

I understand that with hormone supplementation there are possible risks and complications if I do not comply with the recommended dosages. I understand that I will be in charge of administering the hormones and supplements prescribed to me. I will conform and comply with the recommended dosages and methods of administration. I understand that the role of Dr. Wilcox is for the management of my preventative antiaging

health plan and hormone replacement only. I agree that I will be under the care of another health care provider for all other medical conditions. I agree that Dr. Wilcox will not take the place of my personal medical provider in this regard.

I have been informed that insurance companies and Medicare do not pay for hormone supplementation therapy. I therefore agree to pay for all services including laboratory and pharmacy charges myself, with the understanding that I will not be reimbursed by my insurance company for professional fees and may not be reimbursed by my insurance company for laboratory and pharmacy charges.

I have read and understand all of the above consent. I have had other information given to me about hormone supplementation therapy so that I fully understand what I am signing and hereby request and consent to treatment using hormone supplementation therapy.

Patient Signature _____ Date _____

Physician Signature _____ Date _____