



OFFICE USE ONLY – INITIAL PELLET INSERTION FORM FEMALE

NAME: _____ **DATE:** _____

Height: _____ **Weight:** _____ **Blood Pressure:** _____ **Temperature:** _____

CURRENT MEDICATIONS: _____

SURGERY/ HISTORY: **Hysterectomy:** () YES () NO **Ovaries:** () YES () NO

Last Pap: _____ **Last Mammogram:** _____ **Normal:** () YES () NO

SYMPTOMS: _____

LABS:

Estradiol: _____ **Testosterone:** _____ **FSH:** _____ **Vitamin D:** _____ **Vitamin B12:** _____

TSH: _____ **Free T3:** _____ **TPO:** _____ **CBC:** _____ **Chem Panel:** _____

LDL: _____ **HDL:** _____ **Triglycerides:** _____ **Insertion site:** Left Hip () Right Hip ()

PLAN:

This patient presents today for hormone pellets. The procedure, risks, benefits and alternatives were explained to the patient. Questions were answered and a consent form for the insertion of Testosterone and/or Estradiol pellet implants was signed. An area in the hip was prepped with Chloraprep 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 and or Estradiol pellet(s) were inserted through the cannula into the subcutaneous tissue. Bleeding was minimal. Steri-strips were applied. A sterile dressing was applied. The patient tolerated the procedure well. Postoperative instructions were reviewed and a copy given to the patient. Pellets used are as follows:

TREAT WITH:

1. **Testosterone:** _____ **MG's** **Testosterone Lot Numbers:** _____
2. **Estradiol:** _____ **MG's** **Estradiol Lot Numbers:** _____
3. **Progesterone:** _____ **CYCLE** or **CONTINUOUS** (circle one)
4. **Femara:** _____ **Arimidex:** _____ **DIM:** _____
5. **Vitamin ADK:** _____ **Thyroid:** _____ **Iodine:** _____
6. **Probiotic:** _____ **Omega 3:** _____
7. **Other:** _____

COMMENTS: _____



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 Chloraprep 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 were applied. A sterile dressing was applied. The patient tolerated the procedure well. Postoperative instructions were reviewed and a copy given to the patient.

Weight _____ Testosterone pellet Lot # _____

Estradiol _____mg Testosterone _____mg

Insertion site: Left Hip () Right Hip ()



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 Chloraprep 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 were applied. A sterile dressing was applied. The patient tolerated the procedure well. Postoperative instructions were reviewed and a copy given to the patient.

Weight _____ Testosterone pellet Lot # _____

Estradiol _____mg Testosterone _____mg

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. The inner layer is either waterproof foam tape or steri-strips. 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, elliptical, squats, lunges, 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 **6 weeks** after the insertion.
- Most women will need re-insertions of their pellets **3-4 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 Instructions:

I acknowledge that I have received a copy and understand 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 5,000 (vitamins A, D3 and K2)
_____ 1 a day _____ 2 a day for _____ weeks, then one a day
- _____ ADK 10,000 (vitamins A, D3 and K2)
_____ 1 a day _____ 2 a day for _____ weeks, then one a day
- _____ Probiotic Take 1 a day for one week, then take 2 a day starting week 2
- _____ Omega 3 Take 1 -4 softgels a daily with meal
- _____ BioTE Iodine Plus 12.5 mg daily with food or as directed by physician
- _____ DIM Take 1 a day

Prescriptions: These have been called into your preferred pharmacy

- _____ Progesterone/Prometrium nightly
_____ 100 mg _____ 200 mg

Please do not skip doses of this medication as it can result in vaginal bleeding or an increased risk for endometrial cancer.

- _____ Nature-throid _____ mg every morning. This should be taken on an empty stomach. Please wait 30 minutes before putting anything else on your stomach. This includes coffee, food, medications, vitamins or supplements. _____ Sample given

_____ Wean off Synthroid/levothyroxine: alternate your desiccated thyroid (Nature-throid) every other day with Synthroid/levothyroxine for 3 weeks then go to every day on your desiccated thyroid.

- _____ Spironolactone 100 mg daily _____ (other) _____
- _____ Wean off your antidepressant (see wean protocol) _____ (other) _____

Please call or email for any questions about these recommendations.

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



Print Name **Signature** **Today's Date**