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Antidepressant Wean Protocol

If you are taking an SSRI or SNRI antidepressant such as Prozac, Zoloft, Lexapro, Pristiq, Effexor, Viibryd or others, we recommend you wean off of these slowly as soon as you start to feel better with your pellets.

These antidepressants have many side effects. You can feel tired, sleepy, have weight gain or difficulty achieving an orgasm (to name a few). Everything we are trying to improve.

The truth is, you are NOT deficient in these medications. You are deficient in testosterone. As we restore your testosterone levels to normal with pellets your symptoms of anxiety and/or depression should be relieved naturally. You should be able to wean off your antidepressant.

Go slow! Especially if you have been taking them for a while. While taking an SSRI or SNRI your brain relies on these medications to get serotonin (the calming, feel good hormone) and doesn't make it's own. If you stop abruptly, you can go through withdrawal. Symptoms of abrupt cessation may include headache, GI distress, faintness, body aches, chills, and strange sensations of vision or touch. You may also experience depression or anxiety symptoms returning. When you wean slowly, your brain has time to catch up, wake up, and start making its own serotonin again.

We recommend the following protocol to help:

- 1. Take your pill every other day for 2 weeks.**
- 2. Then every 3 days for 2 weeks.**
- 3. Then every 4 days for 2 weeks and so on until you are down to one a week, then STOP.**

*******If at any point you feel bad or "off", go back to the lowest dose you felt good on and take the wean a bit slower.**

Please call us for any questions.



Prostate Exam Waiver for Testosterone Pellet Therapy

I, (patient name) _____, voluntarily choose to undergo implantation of subcutaneous bio-identical testosterone pellet therapy with, (Treating Provider) _____.

For today's appointment, I have not provided you with a prostate exam report, due to the following reason:

() My decision not to have a prostate exam.

() I am unable to provide it at this time.

I am aware that a current report must be sent by mail or faxed to our office prior to my next HRT appointment. The Treating Provider has discussed the importance and necessity of prostate exam since I receive testosterone.

(Initials of patient) _____

A prostate exam is the best single method for detection of early prostate cancer. I understand that my refusal to submit to a prostate exam may result in cancer remaining undetected within my body. Hormone therapy may increase the risk of increase of such undetected cancer.

I acknowledge that I bear full responsibility for any personal injury or illness, accident, risk or loss (including death and/or prostate issues) that may be sustained by me in connection with my decision to undergo testosterone pellet therapy including, without limitation, any cancer that should develop in the future, whether it be deemed a stimulation of a current cancer or a new cancer. I hereby release and agree to hold harmless Dr. Donovitz, Treating Provider, BioTE® Medical, LLC., and any of their BioTE® Medical physicians, nurses, officers, directors, employees and agents from any and all liability, claims, demands and actions arising or related to any loss, property damage, illness, injury or accident that may be sustained by me as a result of testosterone pellet therapy. I acknowledge and agree that I have been given adequate opportunity to review this document and to ask questions. This release and hold harmless agreement is and shall be binding on myself and my heirs, assigns and personal representatives

Patient Print Name

Signature

Today's Date