

(Insert Facility/Physician Name & address)

CONSENT FOR HORMONE REPLACEMENT THERAPY PROGRAM

- I, _____ request from (insert facility/physician) to prescribe for me Bioidentical Hormone Replacement Therapy (BHRT).
- I understand that BHRT is not specifically approved by the FDA for preventive medicine and my request for BHRT is off-label.
- I understand that the medical literature indicates that there may be health benefits to the use of BHRT and its long-term effects are undetermined.
- I understand that (insert facility/physician) cannot guarantee any results or that there will be no harm. The potential health risks and benefits of using BHRT have been explained to me to my satisfaction.
- I understand that BHRT is purely elective and that it may not be deemed medically necessary by insurance companies.
- I certify that I have read the above consent and fully understand it. I believe that I have adequate knowledge upon which to base this BHRT informed consent.
- I fully understand what I am signing and hereby request and consent to BHRT treatment.

Patient signature _____ Date _____

Physician signature _____ Date _____