

## Female New Patient Package

The contents of this package is your first step to restore your vitality. Please take the time to read this carefully and answer all the questions as completely as possible. Thank you for your interest in BioTE Medical. In order to determine if you are a candidate for bioidentical estrogen and testosterone pellets, we need your laboratory results and medical history. We will evaluate this information during your consultation.

Two weeks before your scheduled consultation: get your blood drawn at any laboratory. Please fast for 12 hours prior to having your blood drawn. If you had blood work done in a different office less than a year ago, send us a copy BEFORE you complete the blood work, as your insurance may not cover duplicated analysis. We request the tests listed below. It is your responsibility to find out if your insurance company will cover the cost, and which laboratory to go to. Please note that it can take two weeks for your lab results to be received by our office.



## A&WMC

OB/GYN 320 Montauk Hwy West Islip, NY 11795 631-525-2503 Fax: 631-893-8916

> Sunrise Lab Acc#22449 Quest Lab Acct#: 48054026

| Patient name:  | Date: | DOB: |
|----------------|-------|------|
| 1 attent name: |       | _DOD |

### Dx: N95.9, E34.9, G47.00, E55.9, R53.81, E78.4, E03.9, D64.9, R79.89

- •CBC w/ diff & platelets
- •Chem-20
- •Lipid Profile
- •TSH
- Iron Level
- •Free T3 &T4
- •T.P.O. Thyroid Peroxidase
- Free & Total Testosterone
- Estradiol
- •PSA
- •FSH
- · Vitamin D 25-OH
- Vitamin B12

### **6-WEEK Post-Insertion**

- Estradiol
- •FSH
- Free & Total Testosterone



# A&WMC

| Name:                              |                |                       |               | Date:       |  |  |  |
|------------------------------------|----------------|-----------------------|---------------|-------------|--|--|--|
| (First)                            |                | (Last)                |               |             |  |  |  |
|                                    |                |                       |               | Occupation: |  |  |  |
| Home Address:                      |                |                       |               |             |  |  |  |
| City:                              |                |                       | State:        | Zip:        |  |  |  |
| Cell Phone:                        |                | Alternative Phone:    |               |             |  |  |  |
| Email Address:                     |                |                       |               |             |  |  |  |
| Any known drug allergies: Y        | 'es( )   No(   | )   If yes, specify:  |               |             |  |  |  |
| Have you ever had any issue        | s with anest   | hesia in the past?:   | Yes( )   No(  | )           |  |  |  |
| Last menstrual period (estim       | ate year if u  | nknown):              |               |             |  |  |  |
| Medical illnesses:                 |                |                       |               |             |  |  |  |
| Medications currently taking       | r*<br>         |                       |               |             |  |  |  |
| Nutrition/Vitamin Suppleme         |                |                       |               |             |  |  |  |
| Current and past hormone re        | placement tl   | herapy: Yes( )   N    | o( )   When?: |             |  |  |  |
| Surgeries, list all and when:      |                |                       |               |             |  |  |  |
| Thyroid or cholesterol medic       | eations?: Yes  | s( )   No( )   If yes | s, specify:   |             |  |  |  |
| History of smoking: Yes( )   No    | o( )           |                       |               |             |  |  |  |
| History of hysterectomy: Yes(      | )   No( )      |                       |               |             |  |  |  |
| History of Fibroids or endomet     | rial polyps: Y | /es( )   No( )        |               |             |  |  |  |
| History of Breast cancer: Yes(     | )   No( )      |                       |               |             |  |  |  |
| History of Epilepsy or seizures    | : Yes( )   No( | ( )                   |               |             |  |  |  |
| History of Endometriosis: Yes(     | )   No( )      |                       |               |             |  |  |  |
| History of Hashimoto's Thyroid     | ditis: Yes( )  | No()                  |               |             |  |  |  |
| History of Polycystic Ovarian S    | Syndrome (Po   | COS): Yes( )   No(    | )             |             |  |  |  |
| History of (cystic) acne: Yes( )   | No( )          |                       |               |             |  |  |  |
| History of breast tenderness: Ye   | es( )   No( )  |                       |               |             |  |  |  |
| History of facial hair: Yes( )   1 | No( )          |                       |               |             |  |  |  |
| History of premenstrual migrai     | nes: Yes( )    | No( )                 |               |             |  |  |  |
| History of hot flashes: Yes( )     | No()           |                       |               |             |  |  |  |
| Last mammogram:                    |                |                       |               |             |  |  |  |
| Last colonoscopy:                  |                |                       |               |             |  |  |  |
| Last bone density:                 |                |                       |               |             |  |  |  |
| Last nan smear:                    |                |                       |               |             |  |  |  |



Pellets are derived from natural plant-based ingredients. They are hand formulated in compounding pharmacies and possess the exact hormonal structure of the human hormones: Estradiol and Testosterone. These pellets, once implanted, secrete hormones in small amounts into the bloodstream constantly. No other form of hormone delivery, whether gels, injections, or patches of testosterone or tablets, patches, gels or spray of estradiol can produce the consistent blood level of hormones that pellets can.

Pellet therapy is the only method of hormonal replacement that gives sustained and consistent estradiol and testosterone levels throughout the day, for 3 to 4 months, without a "roller coaster" effect.

I have read and understand the above information and have answered to the best of my knowledge for BioTe Medical Hormone Therapy.

I hereby certify that the following information is true and accurate to the best of my knowledge. In case of intentionally misleading answers the physician can not be held responsible for any adverse outcome. I fully consent to treatment and agree to hold Adolescent & Women Medical Care and any and all parties affiliated herewith, harmless and free from any liability that may arise as a result of this treatment both now and in the future.

| Patient Name: |  |  |
|---------------|--|--|
|               |  |  |
| Signature:    |  |  |
|               |  |  |
| Date:         |  |  |



### **Post-Insertion Instructions**

- Your insertion site has been covered with two layers of bandages. Remove the outer pressure bandage after 24 hours. It **MUST** be removed as soon as it gets wet. The inner layer has steri-strips that 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 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 next **3 days**, this includes running, elliptical, squats, lunges, etc. You may participate in moderate upper body workouts and walking.
- The sodium bicarbonate in the anesthetic may cause the site to swell for 1-3 days.
- The insertion site may feel uncomfortable for up to 2 to 3 weeks. If there is itching or redness you may take 25-50mg of Benadryl orally every 12 hours for relief. Caution, this can cause drowsiness.
- You may experience bruising, swelling, 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

### **Reminders:**

- Remember to go for your post-insertion blood work **6 weeks** after 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 re-insertion.



# 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 AND FEET:** This is common in hot and humid weather. It may be treated by drinking lots of water, reducing salt intake, taking cider vinegar capsule daily (found at most health and food stores).

**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. 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 tissues that may have already been present in your uterus prior to getting pellets and are being released in response to the increase in hormone.

**MOOD SWINGS/IRRITABILITY:** These may occur if you were quite deficient in hormones. They will disappear when enough hormones are in your system. 5-HTP can be helpful for these temporary symptoms and can be purchased at many health and 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.

**HAIR LOSS:** Is rare and usually occurs in patients who convert testosterone to DHT. Dosage adjustment generally reduces or eliminates the problem.

**HAIR GROWTH:** Testosterone may stimulate some growth of hair on your chin, chest, nipples 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.

Remember to take the DIM supplements once a day to decrease side effects.