



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. Donovan, 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