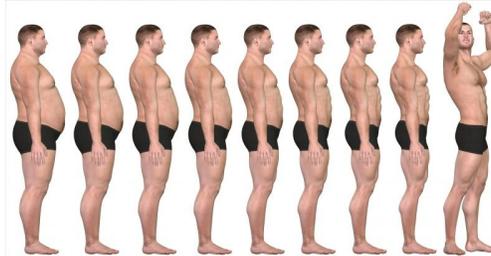


# Elevation Medical Weight Loss

updated 9/23/2020

2350 Noblestown Rd. Ste 110 **Pittsburgh**, PA 15205 (412) 304-2016  
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 241 Three Springs Dr. Ste 12 **Weirton**, WV 26062 (304) 914-3112  
 elevationweightloss.com FAX: (412) 774-1753

## Male Hormone Replacement/ Testosterone Therapy



### Treatment is based on two elements: lab values & symptoms

#### Required Labs within the last 6 months:

- Complete Blood Count (CBC)
- Comprehensive Metabolic Panel (CMP)
- Lipid Profile
- Total & Free Testosterone

#### Recommended Labs:

- Estradiol, sensitive assay
- LH & FSH
- TSH
- DHEA-S
- PSA (men over 50)

#### Symptoms of testosterone deficiency:

- Erectile dysfunction
- Reduced sex drive & spontaneous morning erections
- Increased joint/muscle pain
- Testes decreasing in size
- Infertility (low to zero sperm count)
- Painful breasts or gynecomastia
- Hot flashes & sweats
- Increased fatigue
- Difficulty concentrating and memory problems
- Decreased muscle mass and strength
- Increased body fat & waist size

| Testosterone replacement therapy (TRT) | 3 months  | 6 months  |
|--|---|---|
| <b>Service Fee</b>                     | <b>\$450</b><br>*including testosterone, anastrozole tablets (estrogen blocker) and all medical supplies for injections | <b>\$875</b><br>*including testosterone, anastrozole tablets (estrogen blocker) and all medical supplies for injections |

# Elevation Medical Weight Loss

elevationweightloss.com      FAX: (412) 774-1753

Starting around the age of 30, most men see a constant drop in testosterone levels resulting in reduced energy, motivation, muscle tone and size, leanness, as well as libido. Not only do many men see a decrease in usable testosterone, but years of being overweight combined with environmental factors such as diet and activity level cause many men to “aromatize” testosterone, essentially converting the *male* hormone, testosterone, into the *female* hormone estrogen.

By utilizing Testosterone Replacement Therapy (TRT) we can work with you to find the right hormone balance to optimize the beneficial, youthful effects of such a balance. TRT incorporates administration of testosterone in order to assist a man’s body when it can’t sufficiently produce its own. In addition to the testosterone itself, estrogen blockers are used to avoid excess aromatization so that you don’t experience side effects related to high estrogen, such as fatigue, insomnia, water retention, bloating, or erection issues.

For anyone concerned about future fertility, it is a concern with exogenous testosterone usage however our program incorporates the use of HCG, which in addition to its weight loss benefits also mimics a hormone that encourages your body to continue producing its own testosterone, as well as preserve sperm count and quality. HCG has been long used in fertility treatments due to this function, you are not expected to follow our HCG rapid weight loss diet while in the TRT program.

| <b>You may be a good candidate for testosterone replacement therapy if you have these symptoms:</b> |   |
|---|---|
| Erectile dysfunction (ED)   | Reduced sex drive & spontaneous morning erections |
| Increased joint/muscle pain   | Teste decreasing in size                          |
| Low sperm count or infertility  | Night sweats                                      |
| Fatigue   | Difficulty concentrating                          |
| Memory issues   | Mental fogginess                                  |
| Decrease muscle mass and strength   | Increase body fat & waist size                    |

Our balanced TRT program minimizes side effects while giving you the most benefit from restored testosterone levels you’ve once had. For more information see our <http://bit.ly/elevationt>. You can also make an appointment at [elevationweightloss.com](http://elevationweightloss.com)

### Men’s Hypogonadism Health Profile: Points to Consider

- 1. Decreased sex drive, difficulty establishing and/or maintaining erections and a decrease in spontaneous early morning erections are more diagnostic than others for andropause. However, the patient should receive a complete exam and all symptoms should be considered. These symptoms combined with pertinent lab values will aid diagnosis.**
- 2. A waist circumference ≥ 40 inches increases the risk for men to develop metabolic complications.**
- 3. BMI and waist circumference are very important to the patient’s general health. However, new evidence suggests WHR (waist to hip ratio) is more consistently a predictor of metabolic complications.**

### General waist to hip ratio guidelines:

| Age   | Low Risk * | Moderate Risk * | High Risk * | Very High * |
|-------|------------|-----------------|-------------|-------------|
| 20-29 | < 0.8      | 0.8 - 0.9       | 0.9 - 0.94  | > 0.95      |
| 30-39 | < 0.85     | 0.85 - 0.9      | 0.9 - 0.95  | > 0.96      |
| 40-49 | < 0.87     | 0.87 - 0.93     | 0.93 - 1.0  | > 1.0       |
| 50-59 | < 0.9      | 0.9 - 0.95      | 0.95 - 1.0  | > 1.0       |
| 60-69 | < 0.9      | 0.9 - 0.97      | 0.97 - 1.1  | > 1.1       |

\* risk of developing metabolic complications

# Elevation Medical Weight Loss

updated 9/23/2020

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## Common Hypogonadism (Low T) Treatment Options:

1. Testosterone Cypionate In Grapeseed Oil 200 mg/mL
  - Subcutaneous injections of testosterone of 0.2 - 0.4 mL twice a week to reestablish testosterone levels
2. Anastrozole (Arimidex) 0.5 to 1 mg tablets
  - Twice a week by mouth to prevents the conversion of testosterone to estrogen
3. **OPTIONAL:** Human Chorionic Gonadotropin 500iu/mL **\$195 for 3 months**
  - Subcutaneous injections that triggers the testes to continue producing testosterone despite the presence of exogenous testosterone
  - *Helps maintain fertility*
  - *Helps maintain testicular size / prevent testicular shrinkage*
4. **OPTIONAL:** Sermorelin 1mg/mL SQ Injection **\$235 for 1 month**
  - Stimulates the production of endogenous growth hormone; works synergistically with testosterone
  - \$235 for 30 days of sermorelin acetate 9 mg
5. **OPTIONAL:** Cialis & Viagra Oral Tablets
  - Treatment for high blood pressure and erectile dysfunction
    - Tadalafil (Cialis) 5 mg #30-ct = \$70
    - Tadalafil (Cialis) 10 mg #30-ct = \$100
    - Sildenafil (Viagra) 100 mg (2 doses) tablet = \$5

## Testosterone Replacement Therapy (TRT)

---

|  |                                     |
|--|-------------------------------------|
| <b>3 months testosterone program</b> (includes all medications: testosterone cyp. 200mg/ml in 10 ml vials, estrogen blocker, physical exams, and review of your follow-up blood work panels) | <b>\$450</b><br><br>*\$645 with HCG |
|--|-------------------------------------|

---

|   |   |
|---|---|
| <b>6 months testosterone program</b> (includes all medications: two vials of testosterone cyp. 200mg/ml in 10 ml vials, estrogen blocker, physical exams, and review of your follow-up blood work panels) | <b>\$875</b><br><br>\$1,265 for 6 months with HCG |
|---|---|

---

**Patients are fully responsible for the lab-fee associated with obtaining blood work. Patients may obtain lab work through his PCP or previous blood work on records, or we can provide an rx for the patient to obtain lab work at their lab center of choice.**

## Elevation Medical Weight Loss

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### Testosterone Therapy: 12-week Dosing Calendar

| Testosterone Therapy: 12-week Dosing Calendar |   |                |                |                |                    |                |                |
|---|---|----------------|----------------|----------------|--------------------|----------------|----------------|
|   | M/T/W/R/F/S/Su  | M/T/W/R/F/S/Su | M/T/W/R/F/S/Su | M/T/W/R/F/S/Su | M/T/W/R/F/S/Su     | M/T/W/R/F/S/Su | M/T/W/R/F/S/Su |
| <b>Week 1</b>                                 | Test. 0.2 - 0.4 cc<br>(o) HCG 40 units                      |                |                |                | Test. 0.2 - 0.4 cc |                |                |
| <b>Week 2</b>                                 | Test. 0.2 - 0.4 cc<br>(o) HCG 40 units                      |                |                |                | Test. 0.2 - 0.4 cc |                |                |
| <b>Week 3</b>                                 | Test. 0.2 - 0.4 cc<br>(o) HCG 40 units<br>Anastrozole ½ tab |                |                |                | Test. 0.2 - 0.4 cc |                |                |
| <b>Week 4</b>                                 | Test. 0.2 - 0.4 cc<br>(o) HCG 40 units<br>Anastrozole ½ tab |                |                |                | Test. 0.2 - 0.4 cc |                |                |
| <b>Week 5</b>                                 | Test. 0.2 - 0.4 cc<br>(o) HCG 40 units<br>Anastrozole ½ tab |                |                |                | Test. 0.2 - 0.4 cc |                |                |
| <b>Week 6</b>                                 | Test. 0.2 - 0.4 cc<br>(o) HCG 40 units<br>Anastrozole ½ tab |                |                |                | Test. 0.2 - 0.4 cc |                |                |
| <b>Week 7</b>                                 | Test. 0.2 - 0.4 cc<br>(o) HCG 40 units<br>Anastrozole ½ tab |                |                |                | Test. 0.2 - 0.4 cc |                |                |
| <b>Week 8</b>                                 | Test. 0.2 - 0.4 cc<br>(o) HCG 40 units<br>Anastrozole ½ tab |                |                |                | Test. 0.2 - 0.4 cc |                |                |
| <b>Week 9</b>                                 | Test. 0.2 - 0.4 cc<br>(o) HCG 40 units<br>Anastrozole ½ tab |                |                |                | Test. 0.2 - 0.4 cc |                |                |
| <b>Week 10</b>                                | Test. 0.2 - 0.4 cc<br>(o) HCG 40 units<br>Anastrozole ½ tab |                |                |                | Test. 0.2 - 0.4 cc |                |                |
| <b>Week 11</b>                                | Test. 0.2 - 0.4 cc<br>(o) HCG 40 units<br>Anastrozole ½ tab |                |                |                | Test. 0.2 - 0.4 cc |                |                |
| <b>Week 12</b>                                | Test. 0.2 - 0.4 cc<br>(o) HCG 40 units<br>Anastrozole ½ tab |                |                |                | Test. 0.2 - 0.4 cc |                |                |

(o) optional

**Notes:** Doses of testosterone cyp. SQ inj. 0.4mL/twice weekly (80 mg twice weekly) may require an estrogen blocker, anastrozole 1mg, taken as ½ tab once weekly to minimize the conversion of testosterone to estrogen.

**\*\*HCG is optional at 40u SQ inj. once weekly minimizes testicular shrinkage and maintains sperm count.\*\***

## Elevation Medical Weight Loss

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### Men's Hypogonadism Health Profile/Questionnaire

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Cell Phone # to allow consent for text-message communication with physician/provider** (\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ E-mail \_\_\_\_\_

|                 |                 |
|-----------------|-----------------|
| Past Surgeries: | Drug allergies: |
|-----------------|-----------------|

|                     |
|---------------------|
| Current Medications |
|---------------------|

|                                  |
|----------------------------------|
| How did you hear about us? _____ |
|----------------------------------|

#### Has a physician ever diagnosed you with any of the following medical conditions:

|   |   |
|---|---|
| High Blood Pressure <input type="checkbox"/> YES <input type="checkbox"/> NO    | Erectile Dysfunction <input type="checkbox"/> YES <input type="checkbox"/> NO               |
| Cardiovascular Disease <input type="checkbox"/> YES <input type="checkbox"/> NO | Malnutrition <input type="checkbox"/> YES <input type="checkbox"/> NO                       |
| Insomnia <input type="checkbox"/> YES <input type="checkbox"/> NO               | Osteoporosis <input type="checkbox"/> YES <input type="checkbox"/> NO                       |
| Diabetes <input type="checkbox"/> YES <input type="checkbox"/> NO               | Depression <input type="checkbox"/> YES <input type="checkbox"/> NO                         |
| Alcohol Use <input type="checkbox"/> YES <input type="checkbox"/> NO            | Benign Prostatic Hyperplasia (BPH) <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Tobacco Use <input type="checkbox"/> YES <input type="checkbox"/> NO            | Asthma/COPD <input type="checkbox"/> YES <input type="checkbox"/> NO                        |
| Cancer: <input type="checkbox"/> YES <input type="checkbox"/> NO                | Other: _____  |

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE CONTINUE FILLING MORE INFORMATION ON BACK PAGE----- >**

-----DO NOT WRITE BELOW THIS LINE-----

**PHYSICIAN'S INITIAL EVALUATION NOTES:**

- Pt denies **hx of low blood pressure**
- Pt denies **currently taking nitrates**

Vitals: BP \_\_\_\_/\_\_\_\_ P \_\_\_\_ RR \_\_\_\_ Ht \_\_\_\_ Waist \_\_\_\_ in.      Wt: \_\_\_\_ lbs   BMI \_\_\_\_  
 General: \_\_\_\_\_ CV \_\_\_\_\_ Resp \_\_\_\_\_      Goal: \_\_\_\_ lbs

**Impression: hypogonadism**

Plan: Recommended lifestyle modification including optimizing sleep, diet, and exercise

- Rx: Testosterone cyp. 200mg/ml inj. 0.2-0.4 mL (40mg-80mg) SQ twice weekly for hypogonadism  
**Rx: anastrozole 1 mg take ½ tab PO weekly for testosterone-estrogen balance when testosterone inj dose is 0.4 ml twice weekly or higher after the first 2 weeks**
- Rx: HCG 30d 6000 IU/ml 40u SQ weekly
- Rx: Sermorelin 1 mg/mL 0.3 mL (30u) SQ QHS #9 mg
- Rx: Sildenafil 100 mg #15 tabs; take ½ tab PO daily PRN for normalizing BP
- Rx: Tadalafil 5 mg #30 tabs; take 1-2 tab PO daily PRN for normalizing BP
- Rx: Tadalafil 20 mg #15 tabs; take ½-1 tab PO daily PRN for normalizing BP

Medical leaflet given \_\_\_\_\_ Testosterone instructions given \_\_\_\_\_ Follow up in 1 & 4 weeks or as needed

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

**BACK PAGE----- >**

## Elevation Medical Weight Loss

| Health Profile's SYMPTOMS                                 | ABSENT                   | MILD                     | MODERATE                 | SEVERE                   |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Fatigue   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Decreased muscle mass                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Loss in muscle strength                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Joint/Muscle Pain   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Increase in waist size                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Difficulty losing weight                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Decreased height  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Decreased sex drive                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Difficulty establishing and/or maintaining full erections | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Decrease in spontaneous early morning erections           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Changes in sleep patterns                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Decreased mental sharpness                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Trouble concentrating                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Less enjoyment in personal interests and hobbies          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>I am _____ years old. I feel _____ years old.</b>      |                          |                          |                          |                          |

\*\*\* Please include a copy of all relevant lab work, especially hormone levels, that you have recently obtained.

### Men's Hypogonadism Health Profile/Questionnaire: Points to Consider

1. **Decreased sex drive, difficulty establishing and/or maintaining erections and a decrease in spontaneous early morning erections are more diagnostic than others for andropause. However, the patient should receive a complete exam and all symptoms should be considered. These symptoms combined with pertinent lab values will aid diagnosis.**
2. **A waist circumference  $\geq$  40 inches increases the risk for men to develop metabolic complications.**
3. **BMI and waist circumference are very important to the patient's general health. However, new evidence suggests WHR (waist to hip ratio) is more consistently a predictor of metabolic complications.**

General waist to hip ratio guidelines:

| Age   | Low Risk * | Moderate Risk * | High Risk * | Very High * |
|-------|------------|-----------------|-------------|-------------|
| 20-29 | < 0.8      | 0.8 - 0.9       | 0.9 - 0.94  | > 0.95      |
| 30-39 | < 0.85     | 0.85 - 0.9      | 0.9 - 0.95  | > 0.96      |
| 40-49 | < 0.87     | 0.87 - 0.93     | 0.93 - 1.0  | > 1.0       |
| 50-59 | < 0.9      | 0.9 - 0.95      | 0.95 - 1.0  | > 1.0       |
| 60-69 | < 0.9      | 0.9 - 0.97      | 0.97 - 1.1  | > 1.1       |

\* risk of developing metabolic complications

## Elevation Medical Weight Loss & HRT

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elevationweightloss.com FAX: (412) 774-1753

### Consent for Hormone Replacement Therapy

I, the undersigned, authorize and give my informed consent to Elevation Medical Weight Loss for the administration of hormone replacement therapy.

#### ALTERNATIVES TO HORMONE REPLACEMENT THERAPY

I understand the reasonable alternatives to hormone replacement therapy, which include: Leaving the hormone levels as they are and doing nothing. Risks may include, but are not limited to: experiencing symptoms of hormone deficiency, and increased risk for aging-related diseases or dysfunction resulting from declining hormone levels. This alternative may result in the need to treat diseases or dysfunction associated with declining hormone levels as they appear clinically. Treating the symptoms of declining hormone levels as they develop with non-hormonal therapies.

Risks may include, but are not limited to: increased risk for aging-related diseases resulting from declining hormone levels

#### EXPECTED BENEFITS OF HORMONE REPLACEMENT THERAPY

- Expected benefits include control of symptoms associated with declining hormone levels.
- Possible benefits of this therapy may help prevent, reduce or control physical diseases and dysfunction associated with declining hormone levels, through hormonal replacement.
- Reduced incidence of hip fractures (also found in the WHI study) and improvement in bone health• Reduced risk of colorectal cancer (also found in the WHI study)
- Potential improvement in sleep patterns, reduced risk of breast cancer (progesterone), decreased clotting risks (in avoiding oral estrogen products), improvement in cognition, improvement in libido, and weight loss (through improved metabolism).
- Medical science is always making new discoveries and developing new information. This could include the discovery of other significant advantages to me besides the ones listed above.
- I have been fully informed, and I am satisfied with my understanding, that this treatment may be viewed by the medical community as new, controversial, and unnecessary by the Food and Drug Administration.
- I understand that my healthcare provider cannot guarantee any health benefits or that there will be no harm from the use of hormone replacement therapy.

#### RISKS AND SIDE EFFECTS OF HORMONE REPLACEMENT THERAPY

Some of the following risks/adverse reactions are derived from the official Food and Drug Administration "FDA" labeling requirements for these drugs, for therapeutic drug levels in the bloodstream. My healthcare provider may prescribe these medications at dosages designed to achieve physiologic levels of hormones in my bloodstream or urine generally associated with those of a 20-35 year-old person and would be within the "normal" or "average" blood concentrations of that age group.

This authorization is given with the understanding that any treatment involves risks. I understand that it is not possible to anticipate all side effects or adverse outcomes. A study called the Women's Health Initiative (WHI) published in 2002, involving over 160,000 women between the ages of 50 and 79 determined some significant and substantial risks of this particular treatment, which are listed below.

This study was done using traditional medical therapies (Premarin®, MPA-Provera®) which are not chemically identical to what I will be using with Elevation Medical Weight Loss, and in fact have significant adverse effects in and of themselves.

- Cardiovascular Disease: In the WHI the risk of heart attacks was increased in the group of women taking traditional combinations hormone therapy to 37 per 10,000 person-years, vs. 30 per 10,000 person-years in women who did not take hormone replacement therapy. This means that if 10,000 women took the combination hormone treatment medication in the study for 1 year, 37 of the 10,000 would have had a heart attack in that year, but 30 women who did not take hormone therapy would have had a heart attack.
- Invasive Breast Cancer: The risk of invasive breast cancer was 38 per 10,000 person-years for women taking the combination hormone therapy vs. 30 per 10,000 person-years for similar women who did not take the hormone therapy.
- Strokes: The risk of stroke was 29 per 10,000 person-years for women taking the combination hormone therapy vs. 21 per 10,000 person-years for similar women who did not take the hormone treatment.
- Blood Clots (venous thromboembolism [VTE]): The risk of VTE was 34 per 10,000 person-years for women taking the combination hormone therapy vs. 16 per 10,000 person-years for similar women who did not take the hormone treatment. Medical science is always making new discoveries and developing new information. This could include the discovery of other significant risks to me besides the ones listed above.

I understand that the general risks of this proposed therapy may include, but are not limited to, bruising, soreness or pain, and possible infection for hormones administered by injection. I understand that there are risks (both known and unknown) to any medical procedure, treatment and therapy, and that it is not possible to guarantee or give assurance of a successful result. I acknowledge and accept these known and unknown general risks.

Signature \_\_\_\_\_

Date \_\_\_\_\_

# Elevation Medical Weight Loss

## STATEMENT OF INFORMED CONSENT FOR USE OF HCG

1. I have sought the medical services of Elevation Medical Weight Loss due to my excess weight or obesity. I have discussed the limited success I have had in losing weight by diet and exercise alone. I understand I will be prescribed medications. These medications may include Human Chorionic Gonadotropin (an appetite suppressant) or Sermorelin (a medication that promotes the secretion of human growth hormone).
2. I understand I will need to change my diet, exercise frequency and behaviors to aid in my long-term weight reduction efforts. I understand that the management of my weight will require a lifelong effort, no matter what method of weight reduction I choose. I understand that no drug can provide a quick fix for the problem of weight reduction and management.
3. I understand that the use of HCG and/or sermorelin in a manner differing from that recommended by the manufacturers and approved by the FDA has not been studied systematically or comprehensively. The safety and effectiveness of using HCG and/or sermorelin in a manner differing from that recommended by the manufacturers and the FDA is unknown. I understand that one who is overweight or obese has a heightened risk of suffering from high blood pressure, heart disease, diabetes, heart attack, stroke and arthritis (particularly involving the hips, knees and feet) Depression is more common in obese persons than in others. I understand that the risks of incurring these conditions tend to increase as one's obesity increases.
4. Prior to my treatment, I have fully disclosed any medical conditions or diseases such as pregnancy, trying to get pregnant, breastfeeding, history of gallbladder disease, diabetes, autoimmune diseases, HIV, heart disease, liver disease, kidney disease, uncontrolled high blood pressure, seizure disorders, blood disorders, anemia, thalassemia, hemophilia, etc), emphysema or asthma, and any history of stroke or cancer. These contraindications have been fully discussed with me. If I fail to disclose any medical condition that I have, I release the physician and facility from any liability associated with this treatment.
5. I recognize that it is safer to diet alone. I am requesting medications to assist me in my weight loss goals. I assume responsibility for taking my medications and waive Elevation Medical Weight Loss of any liability. My health has been good. I will advise Elevation Medical Weight Loss should my health change.
6. I understand HCG and/or Sermorelin are not FDA approved for weight loss and this application may be considered as "off-label use". I understand there is no medical evidence to support the use of HCG and/or Sermorelin for this purpose. I further understand that HCG and/or Sermorelin have not been approved by the FDA as safe and effective in the treatment of obesity or weight control. There is no substantial evidence that HCG and/or Sermorelin increases weight loss beyond that resulting from caloric restriction, that it causes a more attractive or "normal" distribution of fat, or that it decreases the hunger and discomfort associated with calorie-restrictive diets.
7. HCG treatment is generally free of negative side effects, but it carries with it the following risks: Ovarian Hyperstimulation Syndrome, arterial thromboembolism, blood clots, risk of multiple pregnancies (twins, etc.), abnormal enlargement of breasts in men (gynecomastia), overstimulation of the ovaries causing production of many ova (eggs( in women, acne, tiredness, changes in mood, local injection site reactions (such as swelling, itchiness, etc.), excessive fluid retention in the body (edema), hair loss, prostate hypertrophy, difficulty breathing, and death. Although remote, I understand HCG treatment may involve these risks and other unknown risks. Symptoms of Ovarian Hyperstimulation Syndrome include severe pelvic pain, swelling of the hands or legs, stomach pain/swelling, shortness of breath, weight gain, diarrhea, nausea/vomiting, or urinating less than normal. I agree to notify Elevation Medical Weight Loss if I experience any of these rare adverse symptoms.
8. I understand that HCG is absolutely contraindicated during pregnancy and breastfeeding. I understand that it is my responsibility to inform the medical staff if I am pregnant, if I am trying to get pregnant, or if I become pregnant during the course of therapy. I understand that HCG is used for infertility treatments and I have an increased chance of pregnancy while on HCG. Multiple birth control methods should be used during HCG therapy. However, HCG is contraindicated for women using hormonal IUD for birth control. Therefore, I agree to use condoms and/or abstinence as birth control methods for the duration of HCG therapy. I understand if HCG therapy is used in young boys, it may cause early puberty. I agree to alert Elevation to any of the following symptoms of early puberty: deepen voice, pubic hair growth, increase acne, and increased sweating.
9. I understand that Sermorelin may cause pain and swelling at the injection site. I understand that, rarely, Sermorelin may cause flushing, dizziness, headache, sleepiness, nausea, vomiting, or hyperactivity. I agree to notify Elevation immediately if the following rare side effects occur: trouble swallowing, chest tightening, or vomiting. I further understand that allergies to Sermorelin are very unlikely, but can include rash, swelling, trouble breathing, and dizziness.
10. I understand that I may stop this program at any time. While adverse side effects or complications are not expected, in the event an illness does occur, I understand that I need to contact Elevation Medical Weight Loss, inc. immediately. If I experience an emergency situation, I understand that I need to go to the emergency room. I understand the risks set forth above to my satisfaction. I have had an opportunity to ask questions I have concerning these and any other potential risks. I am encouraged to ask questions as concerns may arise. I should promptly bring any questions I have to the attention of a qualified physician.

**NOTE:** if HCG is used correctly, there is little concern for side effects for both men & women. HCG is a natural water-based hormone present in both men and women (although it is produced in great amounts in pregnant females). Side effects reported are for women using HCG for fertility treatments. When HCG is used to promote weight loss, a much smaller dosage is used compared to that for fertility treatments (150 IU for weight loss vs 10,000 IU for fertility purposes). Accordingly, there are rarely side effects reported while using HCG therapy for weight loss.

**I have read and understand this consent form. I have had the opportunity to ask questions concerning this consent form and the medications to be prescribed for me. Any questions I have asked have been answered to my satisfaction. I understand that I should not sign this consent form unless I understand its contents, as well as the risks and benefits associated with the treatment proposed by Elevation Medical Weight Loss. I agree to release the physician and facility from any liability associated with HCG/Sermorelin treatment. In the event a dispute arises over the outcome of this treatment, I consent solely to arbitration as a legal means of settlement.**

**Payment is due at the time services are rendered. According to FDA Policy Sec. 460.300, I acknowledge that I cannot return or receive refunds for medications and/or injections once the medications/injections leave the office regardless of effectiveness or possible adverse reactions.**

**All service fees paid are FINAL**

Patient signature \_\_\_\_\_ Date \_\_\_\_\_

## Elevation Medical Weight Loss

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### Testosterone Therapy: 12-week Dosing Calendar

| Testosterone Therapy: 12-week Dosing Calendar |   |                |                |                |                    |                |                |
|---|---|----------------|----------------|----------------|--------------------|----------------|----------------|
|   | M/T/W/R/F/S/Su  | M/T/W/R/F/S/Su | M/T/W/R/F/S/Su | M/T/W/R/F/S/Su | M/T/W/R/F/S/Su     | M/T/W/R/F/S/Su | M/T/W/R/F/S/Su |
| <b>Week 1</b>                                 | Test. 0.2 - 0.4 cc<br>(o) HCG 40 units                      |                |                |                | Test. 0.2 - 0.4 cc |                |                |
| <b>Week 2</b>                                 | Test. 0.2 - 0.4 cc<br>(o) HCG 40 units                      |                |                |                | Test. 0.2 - 0.4 cc |                |                |
| <b>Week 3</b>                                 | Test. 0.2 - 0.4 cc<br>(o) HCG 40 units<br>Anastrozole ½ tab |                |                |                | Test. 0.2 - 0.4 cc |                |                |
| <b>Week 4</b>                                 | Test. 0.2 - 0.4 cc<br>(o) HCG 40 units<br>Anastrozole ½ tab |                |                |                | Test. 0.2 - 0.4 cc |                |                |
| <b>Week 5</b>                                 | Test. 0.2 - 0.4 cc<br>(o) HCG 40 units<br>Anastrozole ½ tab |                |                |                | Test. 0.2 - 0.4 cc |                |                |
| <b>Week 6</b>                                 | Test. 0.2 - 0.4 cc<br>(o) HCG 40 units<br>Anastrozole ½ tab |                |                |                | Test. 0.2 - 0.4 cc |                |                |
| <b>Week 7</b>                                 | Test. 0.2 - 0.4 cc<br>(o) HCG 40 units<br>Anastrozole ½ tab |                |                |                | Test. 0.2 - 0.4 cc |                |                |
| <b>Week 8</b>                                 | Test. 0.2 - 0.4 cc<br>(o) HCG 40 units<br>Anastrozole ½ tab |                |                |                | Test. 0.2 - 0.4 cc |                |                |
| <b>Week 9</b>                                 | Test. 0.2 - 0.4 cc<br>(o) HCG 40 units<br>Anastrozole ½ tab |                |                |                | Test. 0.2 - 0.4 cc |                |                |
| <b>Week 10</b>                                | Test. 0.2 - 0.4 cc<br>(o) HCG 40 units<br>Anastrozole ½ tab |                |                |                | Test. 0.2 - 0.4 cc |                |                |
| <b>Week 11</b>                                | Test. 0.2 - 0.4 cc<br>(o) HCG 40 units<br>Anastrozole ½ tab |                |                |                | Test. 0.2 - 0.4 cc |                |                |
| <b>Week 12</b>                                | Test. 0.2 - 0.4 cc<br>(o) HCG 40 units<br>Anastrozole ½ tab |                |                |                | Test. 0.2 - 0.4 cc |                |                |

(o) optional

**Notes:** Doses of testosterone cyp. SQ inj. 0.4mL/twice weekly (80 mg twice weekly) may require an estrogen blocker, anastrozole 1mg, taken as ½ tab once weekly to minimize the conversion of testosterone to estrogen.

\*\*HCG is optional at 40u SQ inj. once weekly minimizes testicular shrinkage and maintains sperm count.\*\*