



Consent for Pellet Insertion for Patients with Personal History of Breast Cancer

The patient has a personal history of breast cancer and desires pellet insertion. The patient understands that her risk of recurrent breast cancer is increased regardless of hormone replacement therapy. All risks, benefits and alternatives as well the unknown risks with breast cancer and testosterone therapy were discussed at length.

My signature below certifies that I wish to proceed with the pellet insertion. I accept the risks and benefits explained to me and acknowledge understanding.

I UNDERSTAND THAT THIS COMPOUNDED MEDICATION AND IS NOT FDA APPROVED. I WISH TO PROCEED.

Patient Name

Date

Patient Signature

Physician Signature