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### Testosterone Supplementation Consent Form

I confirm that I have had a consultation with Dr. Kristine Sarna whereby the risks and benefits of Testosterone hormone supplementation have been discussed and understood. I understand the purpose of Testosterone supplementation is to improve my energy, exercise endurance, libido, mental focus and overall wellbeing.

I understand the negative side effects of overdosing can include:

Injection site redness, bruising and discomfort

Irritability and sleeplessness

Oily skin and acne

Testicular atrophy and breast budding

Decreased sperm production

Increased blood pressure

Liver and kidney stress

Tumor growth specifically prostate cancer

I understand these possible side effects are rare and often related to over supplementation and that Dr. Sarna intends only to supplement my Testosterone to optimal levels. Blood work will be required in 3-6 months intervals to assure overdosing is not occurring. I understand that additional Testosterone or other Steroid hormone use will not be tolerated and must be divulged to Dr. Sarna. Dr. Sarna will not be held liable for my choice to use additional steroid hormones without her knowledge and consent.

Signed \_\_\_\_\_ Date \_\_\_\_\_