



4000 Park Street North
Saint Petersburg, FL 33709
Consultant Phone: 727.209-2814
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Informed Consent

I am participating in bioidentical hormone replacement of my own free will, at my expense and my own liability and assume all responsibility for my use of natural/bioidentical hormone replacement. I fully understand that it is my responsibility to have an annual physical examination, annual gynecological exam/breast exam/mammogram or equivalent, including any suggested laboratory tests to ensure that I have no disease(s) which might make natural/bioidentical hormone replacement inappropriate for my condition. I also understand that bioidentical hormone replacement requires laboratory monitoring as prescribed by my physician and that bio-identical hormone replacement potentially has the same cancer risk as the estrogen that my own body produces.

I hereby release The Compounding Shop and all of its employees and contractors including physicians from any and all liability associated or connected with my consultation, recommendations and/or use of Natural/Bioidentical Hormone Replacement. I hereby state that I am an adult and that I am aware of the potential benefits and side effects associated with natural/bioidentical hormone replacement. I hereby agree to answer truthfully all of the medical questions on my questionnaire or verbal consultation by a pharmacist or physician.

I understand that no doctor, nurse, pharmacy, or administrative personnel can guarantee that natural/bioidentical hormone replacement, even if prescribed, will provide the results I seek. I understand that life style modifications, proper nutrition and supplementation, adequate sleep and stress reduction are all key components to a successful bioidentical hormone replacement regimen.

Signed: _____ Date: _____

A signed Informed Consent must be received before prescriptions can be compounded. Please sign and fax or mail to Anthony Wolfenbarger, RPh, (fax) 727-347-2050.