



4000 Park Street North  
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### **Informed Consent**

I am participating in testosterone replacement of my own free will, at my expense and my own liability, and assume all responsibility for my use of testosterone replacement. I fully understand that it is my responsibility to comply with required laboratory monitoring and prostate checks (digital rectal exams) to ensure that I have no disease which might make testosterone replacement inappropriate for my condition. I also understand that testosterone replacement does not cause prostate cancer but it may exacerbate previously undetected prostate disease.

I hereby release The Compounding Shop, RPh Consulting Company 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 testosterone replacement. I hereby state that I am an adult and that I am aware of the potential benefits and side effects associated with testosterone 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 testosterone replacement, even if prescribed, will provide the results I seek. I understand that life style modifications, weight loss, proper nutrition, vitamin/nutritional supplementation, adequate sleep and stress reduction are all key components to a successful testosterone replacement regimen.

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

Print Name: \_\_\_\_\_

**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.**