



4000 Park Street North  
St. Petersburg, FL 33709  
Consult Phone: (727) 209-2814  
Fax: (727) 347-2050

---

## Start-up Letter/Statement of Charges

Please return the questionnaire and informed consent as quickly as you can so I can begin preparing your prescription plan for your physician. If I have any further questions I will be contacting you.

Once my prescription plan is approved by your physician I will contact you to schedule your consultation. In general, I schedule consultations on Tuesdays and Thursdays. The consultation takes approximately 1 hour and I will go over your questionnaire the prescription plan, and the prescriptions I am recommending. I will also make nutritional and supplement recommendations that will make this a successful program for you.

There is a one time fee of \$250.00 for the prescription plan, consultation and ongoing monitoring. This is to be paid at the time of the consultation by check. The check is made payable to RPh Consulting. There is no charge for future recommendations, prescription changes (if necessary), or phone consultations or questions.

Your doctor will require blood level monitoring (labs) on a periodic basis as needed. These labs will be at approximately 3 month intervals during the first year, then every 6 months thereafter. A prostate exam (digital rectal exam) is required yearly.

We do not accept insurance or file insurance paperwork for patients. If you have prescription coverage I can provide claim forms for you to send to your insurance company.

At the time we meet for your consultation I will also have your prescription(s) ready for you to take home with you. I will go over the directions and answer any questions you may have. You can pay for the prescriptions any way you choose, other than we do not accept American Express. Approximate cost for prescriptions is 50 dollars per month, depending on the formula prescribed.

I am attaching an informed consent for you to sign and either fax back to me at 727-347-2050, or mail to the address above. If you choose to mail it make sure that you put it to my attention. I cannot prepare your prescriptions until I have the signed informed consent back.

Call me or email me if you have any questions.

Anthony Wolfenbarger, RPh  
727-209-2814, email: [alwolfin@gotocompoundingshop.com](mailto:alwolfin@gotocompoundingshop.com)