



# Bio-identical Hormone Replacement Program

## Disclosure / Liability Waiver

**READ CAREFULLY and COMPLETELY BEFORE SIGNING. If you have questions, please ask.**

While numerous safety measures are taken by our physicians and staff, incidental events may occur that are beyond the control of our physicians or staff. Within the medical community there are opposing views with respect to the use of Bio-identical hormonal replacement therapies. It has, however, been medically proven that the use of Bio-identical hormones provides true medical benefits. We are providing this treatment at our centers to lessen, or treat, non-life-threatening symptoms you have identified as bothersome and undesirable. **It is agreed that you are voluntarily participating in your treatment with Bio-identical hormonal replacement regimens and the use of any medications and/or supplements is undertaken at your own risk.** You are **voluntarily** assuming all risks of injury that might result. You hereby agree to waive any legal claims or rights you might otherwise peruse against Physician's Weight Control and Wellness Centers, their staff, or treating providers for injury during your voluntary participation in the Bioidentical Hormone Replacement Program.

***I have carefully read this waiver and fully understand that it is a release of liability to Physician's Weight Control and Wellness Centers due to any unforeseen complications of my voluntary participation in this program.***

I accept all terms and conditions of this program.

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Print Name

Date

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Signature

### **Maintenance of Preventative Medicine and Cancer Surveillance**

A requirement for acceptance and continuation in the Bio-identical Hormone Replacement Program is adherence to routine cancer screening. You **must** have current breast examinations, mammogram (if high risk or over age 40), and gynecological examinations (including PAP smears) before starting the program. We require that you have a copy of the results of these tests in our office **before** starting Bio-identical hormone replacement with our doctors and staff.

Your signature below indicates you will comply by obtaining the cancer screening examinations and tests with your primary care or gynecologic physician and have those results in our office **before** beginning the Bio-identical Hormone Replacement Program. ***You will not be allowed to start the program, or continue the program if your tests are not current (must have been done within the past year).***

I accept all terms and conditions of this program and will comply with all screening and testing.

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Print Name

Date

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Signature