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BIO-IDENTICAL HORMONE REPLACEMENT CONSENT FORM

I request and consent to the administration of Bio Identical Hormones and or supplements prescribed by the physicians at Paradise Medspa and Wellness.

I understand that initial blood tests will be performed to establish my baseline hormone levels, and agree to have ongoing blood tests to assure proper monitoring of my hormone levels. I acknowledge I will be in charge of administering these hormones and will comply with the recommended doses and methods of administration, and agree to report any adverse reactions or problems related to my hormone therapy to the physicians at Paradise Medspa and Wellness.

I have been informed that most insurance companies do not pay for hormone supplementation therapy and therefore agree to pay for all services, including laboratory and pharmacy charges in full.

I acknowledge that results vary for individuals and that there are no guarantees with respect to the benefits of hormone supplementation prescribed to me.

I _____ have read and understand all of the above consent and have discussed the risks and benefits of treatment with the physicians at Paradise Medspa and Wellness.

Patient: _____ Date: ___/___/___