

STEVEN M. POUNDERS, MD, PLLC

STEVEN M. POUNDERS, MD

Chad Nyland, DO

D. Trew Deckard, PA-C, MHS, AAHIVS

Cameron Wyatt, NP-C

3500 Oak Lawn Ave., Suite 600

Dallas, TX 75219

TESTOPEL INSERTION INFORMED CONSENT

I, _____, give consent to my medical provider to perform the Testopel Insertion procedure. This procedure consists of an in-office invasive procedure whereby Testopel pellets are inserted under the skin under local anesthesia for men for Testosterone replacement. This procedure uses a sterile technique and is normally performed at the upper outer quadrant of the hip.

Typically a procedure may result in temporary soreness and localized bruising. Rarely are there significant complications. However, few patients will experience an increased risk of infection, and/or rejection of the pellets inserted. Although it is unlikely that significant side effects develop, any patient undergoing this procedure should inform the practice of any unexpected side effects with follow-up as necessary.

Post-insertion instructions should include at a minimum:

- (1) No swimming, wet sauna or soaking of the area for a minimum of 3 days.
Showering as per instructions of your provider will be given.
- (2) Keep area covered until incision site has healed.
- (3) Use ice packs twice daily for approximately 10 minutes each for at least the first 1-3 days after the procedure.

Your medical provider will determine with you follow-up after insertion, based upon your personal history and profile.

PATIENT SIGNATURE

DATE