

Dear Patient,

Thank you for your interest in BioBalance® Health. To determine if you are a candidate for Bioidentical testosterone pellets, or weight loss we need your laboratory results and history forms. Dr. Maupin or Dr. Sullivan will evaluate your information prior to your consultation to determine if BioBalance® Health can help you live a healthier life.

If you are under the age of 18 you are not a candidate for Testosterone at this time but could be a weight loss candidate.

BioBalance Health is a practice dedicated to treating aging men with testosterone pellets, anti-aging medications, and supplements.

We do not treat young men with testosterone unless they have head injuries, Klinefelter's Disease, brain surgery involving the pituitary, or testicular surgery that leaves them without testosterone production.

1. **Have your blood lab drawn.** Enclosed are 2 Quest lab requisitions for Quest Diagnostics. The DHT (dihydrotestosterone) test is on a separate order because if you go to Quest BioBalance will cover the cost of this test. You must fast for 12 hours and do not have sex for 48 hours prior to the blood draw. You must also have your blood drawn NO LATER than 9:00 a.m. It is up to you to find out if your insurance company will cover the cost of the labs. We prefer that you use Quest Diagnostics to get your labs drawn. But if you choose to use your primary care physician, please note that many times they do not order the tests that we need, and we will require that you go again. This not only causes you to have your blood drawn multiple times, but it also delays the timeframe in which we can schedule your new appointment.
2. **If your insurance does not cover the cost of the labs or if you have a high deductible, we have a self-pay option with Quest Diagnostics.** If you choose to utilize this option, the approximate cost of your labs will be \$420.00. What you must do to take advantage of this option:
 - a. Contact BioBalance Health office at (314) 993-0963. Our office is open Monday through Friday, 9:00 a.m. until 5:00 p.m.
 - b. Notify the receptionist that you would like to pre-pay for your labs. She will collect your credit card information over the phone. And then you will be given a different lab requisition that notifies Quest that you have pre-paid.
 - c. PLEASE NOTE: You cannot use the lab requisition with this packet. Quest will bill you or your insurance if you do. We must provide you with a different requisition that notifies the lab not to charge you or your insurance.

3. The lab requisition for the DHT should be taken to any Quest laboratory. You do not need to fast, and it is not time sensitive. We have found that most insurance companies do not cover the cost of this test. And since Dr. Maupin and Dr. Sullivan require it for all new male patients, BioBalance Health will absorb the cost of this test. If for any reason you choose to have this test done at a different laboratory, we cannot accept financial responsibility for it.
4. Mail or email the completed New Patient Questionnaire packet to our office.
5. Sign and mail or email the enclosed consent forms.
6. Forward a copy of your most recent prostate exam to our office.

PLEASE NOTE: It takes 2 weeks for us to receive the results of your lab test in our office. Please mail, fax, or email all completed forms to:

BioBalance Health
10800 Olive Blvd.
Creve Coeur, MO 63141
Attn: Receptionist
Fax: (314) 218-3999
Email: newpatient@biobalancehealth.com

Once we receive ALL of your information and lab results, we will contact you to schedule your initial consultation. Thank you and we look forward to seeing you soon!

Sincerely,

Kathy C. Maupin, M.D.



Rachel Maupin Sullivan, D.O.



Male New Patient Questionnaire

***Purpose of Visit:** ☐ Testosterone Replacement with Pellets ☐ Weight Loss Program ☐ Both

Patient Demographics

*First Name:	*Middle:	*Last Name:	
What do you prefer to be called (nickname)?			
Home Phone:		*Cell Phone:	
*SSN/Driver's License Number:			
*Email:			
*Address (no PO Box):			*City:
*State:	*Zip:	Age:	*Date of Birth:
Referred by:			
Primary Care Physician:		Urologist:	
*Current or Previous Occupation:		Employer:	
*Office you will be Visiting: <input type="checkbox"/> St. Louis <input type="checkbox"/> Kansas City <input type="checkbox"/> No Preference			

Preferred Pharmacy

*Name:	*Phone:
*Address:	

Emergency Contact Information

Name:	Relationship:
Phone:	

Male New Patient Questionnaire

***Current Medications (List all current medications)**

☐ None

Medication Name	Dose	Frequency	Reason for Taking

***Current Vitamins & Supplements (List all current vitamins & supplements)** ☐ None

Supplement Name & Brand	Dose	Frequency	Reason for Taking

***Allergies and Reactions (Food, Drug, etc.)**

☐ None

Allergy	Reaction

Male New Patient Questionnaire

*Current Symptoms (check all that apply)

<input type="checkbox"/>	Low or No Sex Drive (Libido)
<input type="checkbox"/>	Fatigue or Lack of Energy
<input type="checkbox"/>	ED: Erectile Dysfunction
<input type="checkbox"/>	Loss of Morning Erections
<input type="checkbox"/>	Decreased or No Ejaculation
<input type="checkbox"/>	Depression
<input type="checkbox"/>	Anxiety
<input type="checkbox"/>	Change in Mood or Irritable
<input type="checkbox"/>	Insomnia
<input type="checkbox"/>	Memory Loss or Foggy Thinking
<input type="checkbox"/>	Feeling Hopeless
<input type="checkbox"/>	Low or No Motivation
<input type="checkbox"/>	New Headaches
<input type="checkbox"/>	Decreased Muscle Mass & Strength
<input type="checkbox"/>	Joint Aches/Arthritis
<input type="checkbox"/>	Dry Eyes
<input type="checkbox"/>	Poor Balance & Coordination
<input type="checkbox"/>	Weight Gain
<input type="checkbox"/>	Belly Fat
<input type="checkbox"/>	Male Breast Development
<input type="checkbox"/>	Ringings in Ears

<input type="checkbox"/>	Dry Skin
<input type="checkbox"/>	Constipation
<input type="checkbox"/>	Thinning Eyebrows
<input type="checkbox"/>	Thinning Eyelashes
<input type="checkbox"/>	Thinning Hair
<input type="checkbox"/>	Cold All of The Time
<input type="checkbox"/>	Swelling All Over Body
<input type="checkbox"/>	Brittle Nails
<input type="checkbox"/>	Ache All Over
<input type="checkbox"/>	Poor Immunity
<input type="checkbox"/>	Snoring
<input type="checkbox"/>	Other:

*Marital Status

<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Single	<input type="checkbox"/> Widowed	<input type="checkbox"/> Other
----------------------------------	-----------------------------------	------------------------------------	---------------------------------	----------------------------------	--------------------------------

Male New Patient Questionnaire

*Past Medical History (Check all that apply)

<input type="checkbox"/>	None
<input type="checkbox"/>	ADD or ADHD
<input type="checkbox"/>	Addison's Disease
<input type="checkbox"/>	Adrenal Fatigue
<input type="checkbox"/>	Alcoholism, AA, Drug Dependence
<input type="checkbox"/>	Anxiety
<input type="checkbox"/>	Arthritis
<input type="checkbox"/>	Autoimmune Disease (specify diagnosis):
<input type="checkbox"/>	Blood Clot/Pulmonary Embolism
<input type="checkbox"/>	BPH: Benign Prostatic Enlargement
<input type="checkbox"/>	Colon Cancer
<input type="checkbox"/>	Cold Sores
<input type="checkbox"/>	Concussion
<input type="checkbox"/>	Contact Sports
<input type="checkbox"/>	Cushing's Disease
<input type="checkbox"/>	Depression
<input type="checkbox"/>	Pre-Diabetes
<input type="checkbox"/>	Diabetes Type I
<input type="checkbox"/>	Diabetes Type II
<input type="checkbox"/>	Emphysema/COPD
<input type="checkbox"/>	Fatty Liver Disease
<input type="checkbox"/>	Fibromyalgia
<input type="checkbox"/>	Glaucoma
<input type="checkbox"/>	Heart Arrhythmia
<input type="checkbox"/>	Heart Attack
<input type="checkbox"/>	Heart Murmur
<input type="checkbox"/>	Hemochromatosis
<input type="checkbox"/>	Hepatitis
<input type="checkbox"/>	Herpes

<input type="checkbox"/>	High Blood Pressure
<input type="checkbox"/>	High Cholesterol
<input type="checkbox"/>	HIV or AIDS
<input type="checkbox"/>	Hyperthyroid (overactive thyroid)
<input type="checkbox"/>	Hypothyroid (underactive thyroid)
<input type="checkbox"/>	Insulin Resistance or metabolic syndrome
<input type="checkbox"/>	Klinefelter Syndrome
<input type="checkbox"/>	Kidney disease
<input type="checkbox"/>	Manic Depression or bipolar disorder
<input type="checkbox"/>	Multiple Sclerosis (MS)
<input type="checkbox"/>	Mumps
<input type="checkbox"/>	Narcolepsy
<input type="checkbox"/>	Osteopenia
<input type="checkbox"/>	Osteoporosis
<input type="checkbox"/>	Overweight or Obese
<input type="checkbox"/>	Parkinson's Disease
<input type="checkbox"/>	Restless Leg Syndrome (RLS)
<input type="checkbox"/>	Schizophrenia
<input type="checkbox"/>	Seizures or Epilepsy
<input type="checkbox"/>	Sleep Apnea
<input type="checkbox"/>	Stroke
<input type="checkbox"/>	Testicular Cancer
<input type="checkbox"/>	Testicular Trauma (kick, punch, etc.)
<input type="checkbox"/>	Tuberculosis (TB)
<input type="checkbox"/>	I use oxygen
<input type="checkbox"/>	I use a C-Pap machine
<input type="checkbox"/>	Other Problems/cancers:

Male New Patient Questionnaire

*Past Surgeries (List year of surgery)

Year	Surgery
	None
	Gastric Bypass, Gastric Sleeve, Lap Band, or other weight loss surgery
	Joint Replacement
	Pacemaker
	Open Heart Surgery or Stents
	Gallbladder removed
	Prostatectomy
	Pain stimulator or any other implanted electrical device
	Vasectomy
	Other:

Habits (Check all that apply)

	I smoke Cigarettes/Cigars #Packs/day? #of Years?
	I used to smoke Cigarettes/Cigars #Packs/day? #of Years? Year quit smoking:
	I Drink More Than 10 Drinks of Alcohol/Week
	I am a Recovering Alcoholic
	I Use or Have Used Marijuana in the past year
	I Use or Have Used Cocaine in the past year
	I Use or Have Used Heroin in the past year
	I have used Anabolic Steroids in the past. Number of years used?
	Other Habits:

*Social History (Check all that apply)

	I have completed my family
	I still want to have children
	I am sexually active
	I want to be sexually active
	I do not want to be sexually active
	My sex life is good
	My sex life has gotten worse

	I am heterosexual
	I am homosexual
	I am bisexual
	I have a new partner in the last 3 years
	I have never had an orgasm
	Other:

Previous Testosterone Replacement (Check all that apply)

	None
	I Have Used T Pellets Before
	I Have Used T Gel Before
	I have used T Shots before
	I Have Used Testosterone before
	I have used Growth Hormone before
	Other:

Male New Patient Questionnaire

***Family History (Indicate Mother, Father, Sibling, or Children for all that apply)**

Family Member	Disease
	None
	Autoimmune Disease
	Blood Clots
	Cancer, Breast
	Cancer, Colon
	Cancer, Ovarian
	Cancer, Prostate
	Cancer, Testicular
	Cancer, Uterine
	Cancer, Other
	Dementia
	Diabetes, Type I

Family Member	Disease
	Diabetes, Type 2
	Heart Attack or Stents
	Other Heart Conditions
	Hemochromatosis
	Obesity
	Prediabetes
	Stroke
	Suicide
	Thyroid Disease – high or low
	Other:

Preventative Medical Care (Check all that apply)

	PCP Visit in the last year
	Urologist Visit in the last year
	Colonoscopy in the last 10 years
	DEXA or Bone Density Scan in the last year
	Other:

Have you ever had Pancreatitis? ☐ Yes ☐ No

Have you ever had fatty liver? ☐ Yes ☐ No

Have you ever had gall bladder disease? ☐ Yes ☐ No

Have you ever gone to the ER for abdominal pain? ☐ Yes ☐ No

Male New Patient Questionnaire

Current Diet (Check all that apply)

<input type="checkbox"/>	I eat anything I want
<input type="checkbox"/>	I don't eat much and gain weight anyway
<input type="checkbox"/>	Gluten free
<input type="checkbox"/>	Low carb
<input type="checkbox"/>	Low fat
<input type="checkbox"/>	Keto
<input type="checkbox"/>	Intermittent Fasting
<input type="checkbox"/>	Vegan
<input type="checkbox"/>	Vegetarian
<input type="checkbox"/>	Pescatarian
<input type="checkbox"/>	Blood type specific diet
<input type="checkbox"/>	Atkins/South Beach
<input type="checkbox"/>	Weight Watchers
<input type="checkbox"/>	# of meals/snacks per day?
<input type="checkbox"/>	Other Diet Information:

Current Exercise (Check all that apply)

<input type="checkbox"/>	None
<input type="checkbox"/>	Cardio: # of minutes? # days/week?
<input type="checkbox"/>	Weightlifting: # of minutes? # days/week?
<input type="checkbox"/>	I have a very physical job
<input type="checkbox"/>	I am a long-distance runner, biker, or triathlete
<input type="checkbox"/>	Other:

*Height: _____ (ft, in) *Weight: _____ (lbs) Goal Weight: _____ (lbs)

Current Pant Size: _____ Goal Pant Size: _____

*Do you have to take antibiotics for routine dental cleanings? _____

Any other questions or concerns?

***I attest that all the information I give is true.**

Print Name: _____

Signature: _____

Date: _____

Bioidentical Hormone Male Patient Fee Schedule

Initial Consultations - Physician (60 minutes):	\$300
Follow up Consultations - Physician (60 minutes):	\$300
Annual Treatment Plan Review	\$100
Pellet Insertion - Male (every 6 months)	*Approximately \$1,600

* Actual cost may vary based on your individual treatment plan.

Weight Loss Patient Fee Schedule

Initial Consultations - Nurse Practitioner (45 minutes):	\$200
Follow up Consultations – Nurse Practitioner:	\$150

- Payment in full is expected at the time of service.
- All contact with insurance companies is your responsibility.
- Email will be used for most patient communication, unless otherwise discussed.
- Most insurance companies reimburse men for pellet implantations, but not women.
- This service is not covered by Medicare so you may not send in your bill for reimbursement.

Payment is due at the time of service. We accept cash, check, Visa, MasterCard, Discover and American Express. - New patient consults with a doctor require a \$300 deposit. This deposit is nonrefundable if the patient reschedules or cancels within two business days of their appointment.

I understand that payment is due in full at the time of service. I also understand that it is my responsibility to submit a claim to my insurance company for possible reimbursement. I have been advised that most insurance companies do not consider pellet therapy or the initial consultation fee to be covered benefits and my insurance company may not reimburse me, depending on my coverage. I understand that BioBalance® Health is also not a Medicare provider and services provided by BioBalance® Health are not covered by Medicare. I acknowledge that BioBalance® Health has no contracts with any insurance companies and is not contractually obligated to pre-certify treatment with my insurance company or answer letters of appeal. Permission is granted to the staff of BioBalance® Health for care and treatment and hormone pellet therapy of the patient identified above.

Print Name: _____

Signature: _____

Date: _____



Male Testosterone Pellet Insertion Consent + Peptide Consent (Page 1 of 3)

Bioidentical testosterone pellets are concentrated, compounded hormone, biologically identical to the testosterone that is made in your own body. Testosterone was made by your testicles prior to “andropause.” Bioidentical hormones have the same effects on your body that your own testosterone did when you were younger.

Hormone pellets are made from plants and are FDA approved for men for the treatment of andropause. The pellet method of hormone replacement has been used in Europe, the US, and Canada since the 1930s by select doctors in the United States, such as Dr. Gambrell and Dr. Lobo, both Endocrine/Gynecologists. Your risks are similar to those of any testosterone replacement but may be lower risk than alternative forms. During Andropause, the risk of not receiving adequate hormone therapy can equal or outweigh the risks of replacing testosterone with pellets.

Risks of not receiving testosterone therapy after andropause include: arteriosclerosis, elevation of cholesterol, obesity, loss of strength and stamina, generalized aging, osteoporosis, mood disorders, depression, arthritis, loss of libido, erectile dysfunction, loss of skin tone, diabetes, increased inflammation, dementia, Alzheimer’s Disease, and many other symptoms of aging.

Testosterone pellet therapy is generally suggested for you after traditional methods for replacement have failed or if you seek a more physiologic treatment for andropause. A urologic consultation or primary care physician approval for this therapy should be obtained prior to consenting, and written permission by your physician is strongly encouraged before beginning testosterone pellet replacement therapy.

Peptides are natural, short protein combinations that transfer information between tissues in the body to stimulate one or more hormones. There are over 3,000 peptides in the human body and they often decrease with age and/or illness. We sometimes recommend a compounded formulation of one or more of these peptides to replace what is missing or to stimulate your own production of a specific hormone, if optimized testosterone replacement is not fully effective in treating your symptoms, hormone deficiency, or illness.

Most of the peptides that we prescribe provide a signal to the body to begin secreting Growth Hormone (GH) release while also blocking Somatostatin, a hormone that inhibits GH release. These peptides include Sermorelin, CJC 1295, Ipamorelin, BPC-157, and others that may be added to the formulary at a later date.

Peptides are considered to be *alternative medical therapy* and are, therefore, **not FDA approved**, but they are highly regulated under the FDA Modernization Act of 1997 and are generally considered safe with very few, if any, severe adverse reactions.

Male Testosterone Pellet Insertion Consent + Peptide Consent (Page 2 of 3)

Risks of Testosterone Pellet Therapy Include:

- Bleeding, bruising, swelling, infection, and pain at the site of the pellet insertion
- Lack of effect (from lack of absorption)
- Thinning hair, male pattern baldness
- Increased growth of prostate and prostate tumors, although this is questionable
- Growth of liver tumors, if already present
- Expulsion of pellets
- Testicular atrophy
- Decreased sperm count
- Hypersexuality (overactive libido)
- Priapism (an erection lasting longer than 72 hours)

Benefits of Testosterone Pellets Include:

- Increased libido, energy, and sense of well-being
- Increased muscle mass, strength, and stamina
- Increased growth hormone production (by 20-60%)
- Decreased frequency and severity of migraine headaches
- Decreased mood swings, anxiety, and irritability that is secondary to hormonal decline
- Decreased body fat percentage
- Decreased risk or severity of diabetes
- Decreased risk of stroke and heart disease
- Decreased risk of dementia and Alzheimer's Disease
- Possible improvement in arthritis and autoimmune disorders

I understand that if I begin testosterone replacement with any form of testosterone treatment, including testosterone pellets, that I will produce less testosterone from my testicles and if I stop my treatment, I may experience a temporary decrease in my own testosterone production. Testosterone pellets should be completely out of your system in 12 months.

I understand that higher than normal physiologic levels may be reached to create the necessary hormonal balance.

I consent to the insertion of testosterone pellets in my hip, abdominal wall, and/or flank (love handle). I have been informed that I may experience any of the complications to this procedure as described above. Surgical risks are the same as for any minor medical procedure and are included in the list of overall risks.

I acknowledge that there may be risks of testosterone therapy that we do not yet know at this time, and I accept those and all of the above risks by accepting therapy by signing below.

This consent is ongoing for this and all future pellet insertions.

Print Name: _____

Signature: _____

Date: _____

Male Testosterone Pellet Insertion Consent + Peptide Consent (Page 3 of 3)

Potential Risks of Peptide Therapy Include:

- Rash and itching
- Nausea and vomiting
- Headache
- Dizziness
- Water retention and swelling
- Carpal Tunnel Syndrome
- Muscle pain
- Lack of effect
- Pain, redness, swelling, or infection at the injection site (if applicable)
- Other specific side effects relating to individual peptides that will be reviewed at your appointment

Depending on the peptide prescribed to me, the Benefits of Peptide Therapy may include:

- Increased libido and improved orgasms
- Increased energy
- Improved sleep
- Improved focus and memory
- Decreased anxiety
- Decreased body fat percentage and increased muscle and bone mass
- Improved skin texture
- Improved growth hormone (IGF-1) levels
- Improved Liver Function Tests (AST, ALT)
- Decreased inflammation and arthritis
- Improved insulin resistance
- Improved gastrointestinal function and health
- Improved autoimmune disorders
- Improved neurologic disorders
- Improved erectile dysfunction

My signature below certifies that I have read the above and acknowledge I have been encouraged to ask any questions regarding peptide therapy and all of my questions have been answered to my satisfaction. I have been informed that **peptides are FDA monitored but not approved**. By beginning treatment, I accept all the risks of therapy stated herein and future risks that might be reported. I also agree to comply with any testing and follow-up required by my healthcare provider for management of my illnesses and symptoms that are treated with peptides.

This consent is ongoing for this and all future peptide treatment plans.

Print Name: _____

Signature: _____

Date: _____

Consent to Communicate

Please indicate the ways you consent for BioBalance Health to communicate with you

	Can contact (Yes/No)	Can leave message (Yes/No)
Cell Phone		
Home Phone		
Work Phone		
Email		
Text Message		

Do we have permission to speak with spouse/partner? Yes _____ No _____

Do we have permission to leave a message with spouse/partner? Yes _____ No _____

If yes, please list name(s) and relationship _____

Print Name: _____

Signature: _____

Date: _____



Patient Records

Copying and Faxing Records, Forms, Financial Summaries, etc.

BioBalance Health collects a \$35 fee for all copying or faxing of records, lab results, insurance forms, and financial summaries for tax purposes.

A signed release form is required before BioBalance Health will send, fax, email, etc. any medical records or information.

We will require a credit card prior to copying or faxing any of your forms, and will charge the card immediately. The time frame for copying is two weeks. Requests from life or disability insurance companies will also be charged to you and you may request reimbursement from the company.

Print Name:

Signature:

Date:

HIPAA Information and Consent Form

The Health Insurance Portability and Accountability Act (HIPAA) provides safeguards to protect your privacy. Implementation of HIPAA requirements officially began on April 14, 2003. Many of the policies have been our practice for years. This form is a "friendly" version. A more complete text is posted in the office.

What this is all about: Specifically, there are rules and restrictions on who may see or be notified of your Protected Health Information (PHI). These restrictions do not include the normal interchange of information necessary to provide you with office services. HIPAA provides certain rights and protections to you as the patient. We balance these needs with our goal of providing you with quality professional service and care. Additional information is available from the U.S. Department of Health and Human Services. www.hhs.gov

We have adopted the following policies:

1. Patient information will be kept confidential except as is necessary to provide services or to ensure that all administrative matters related to your care are handled appropriately. This specifically includes the sharing of information with other healthcare providers, laboratories, health insurance payers as is necessary and appropriate for your care. Patient files may be stored in open file racks and will not contain any coding which identifies a patient's condition or information which is not already a matter of public record. The normal course of providing care means that such records may be left, at least temporarily, in administrative areas such as the front office, examination room, etc. Those records will not be available to persons other than office staff. You agree to the normal procedures utilized within the office for the handling of charts, patient records, PHI and other documents or information.
2. It is the policy of this office to remind patients of their appointments. We may do this by telephone, e-mail, U.S mail, or by any means convenient for the practice and/or as requested by you. We may send you other communications informing you of changes to office policy and new technology that you might find valuable or informative.
3. The practice utilizes a number of vendors in the conduct of business. These vendors may have access to PHI but must agree to abide by the confidentiality rules of HIPAA.
4. You understand and agree to inspections of the office and review of documents which may include PHI by government agencies or insurance payers in normal performance of their duties.
5. You agree to bring any concerns or complaints regarding privacy to the attention of the office manager or the doctor.
6. Your confidential information will not be used for the purposes of marketing or advertising of products, goods or services.
7. We agree to provide patients with access to their records in accordance with state and federal laws.
8. We may change, add, delete or modify any of these provisions to better serve the needs of the both the practice and the patient.
9. You have the right to request restrictions in the use of your protected health information and to request change in certain policies used within the office concerning your PHI. We are not obligated to alter internal policies to conform to your request.

I, _____ do hereby consent and acknowledge my agreement to the terms set forth in the HIPAA INFORMATION FORM and any subsequent changes in office policy.

I attest that all the history I give is true and I understand that this consent shall remain in force from this time forward.

Print Name: _____

Signature: _____

Date: _____

Frequently Asked Questions

Does testosterone cause prostate cancer?

No. The metabolites of testosterone, dihydrotestosterone and estrone cause prostate enlargement and contribute to prostate cancer. Estrone increases and testosterone decreases as men age and as men gain belly fat. Testosterone Pellets are the only replacement that reverses that trend

How do I take testosterone pellets and not convert them to dihydrotestosterone and estrone?

We check the blood levels of your estrone and DHT after treatment and make sure that they are not elevated. Some men do still convert to these metabolites even on Testosterone pellets, if they are converting, we troubleshoot with medications such as SawPalmetto, Arimidex, Avodart, Propecia or Proscar.

What if I have prostate enlargement already?

Testosterone Pellets will make it better, if you do not convert it to DHT and we will treat that if it happens.

Why are pellets better than patches, shots or pills of testosterone?

They are the pure hormone that is not metabolized into byproducts by going through the liver, stomach, or skin. This deliver system allows your body to take as much testosterone from the pellet, as your body needs because the blood flow surrounding the pellets picks up what is needed.

Where do the pellets go after six months?

They are completely dissolved and gone after six months.

Will my testicles shrink while I take the testosterone pellets?

Yes, they will. Testicles are suppressed by taking any kind of Testosterone, and do not make much testosterone while the pellets are working. When pellets wear off it takes a few months for the testicles to recover.

How long will it take for my pellets to work?

It takes about three to five weeks to get the full effect on the first dose, and they must be reinserted every six months before symptoms recur.

How long will it take for my body to get back to lean normal?

That depends on how much you exercise and work out with weights, and your age. Testosterone decreases fat and increases muscle and lean body mass. Testosterone also increases your natural Growth Hormone, and therefore will improve your stamina to work out and increase muscle mass.

How long will my pellets last?

Six months is typical. If you don't sleep much and exercise many hours a day, do stressful work or are an athlete, you will use them up more quickly and we may need to dose you with more pellets on the next insertion, or more frequently.

Frequently Asked Questions

If I have used alcohol to excess or drugs like marijuana, will my effect be the same as other men?

No. You will use up the testosterone more quickly because your liver is activated to metabolize hormones more quickly. Marijuana increases prolactin, the hormone that increases for breast feeding in women, and counteracts the effects of Testosterone: sex drive, ejaculatory function and sexual stamina, are all effected in men with Testosterone pellets, and in young men as well. It is expected that if you take testosterone, you will stop using marijuana altogether and decrease or stop alcohol consumption.

If I have diabetes will testosterone help me with my sexual response?

Yes, unless your diabetes has progressed to damage the vessels going to your pelvis. Testosterone increases insulin sensitivity which will decrease triglycerides and stabilize blood glucose, in most diabetics It will improve the status of your diabetes. If your diabetes is advanced has caused severe compromise and narrowing of the vessels going to your pelvis, testosterone may not improve your sexual function.

Do present and former athletes need testosterone at an earlier age than other men?

This is a common finding. Many of our patients are ex-athletes and find that Testosterone Pellets tend to improve joint function, cartilage thickness, and muscle tone necessary to relieve the pain from damage to the joints from years of sports. It is now medically proven that chronic head injury causes the pituitary of athletes to decrease production of the stimulatory hormones that increase testosterone, growth hormone and thyroid hormone. The incidence of heart disease and dementia and other illnesses occur earlier and more severely in ex-athletes if they are not replaced with testosterone, Growth hormone and thyroid hormone.

Does testosterone improve depression and anxiety?

Yes. It often replaces antidepressants which decrease the libido. We do not suggest stopping antidepressants for 6 months after starting testosterone pellets

How do cholesterol lowering drugs affect testosterone?

Testosterone is made of cholesterol. When you take cholesterol-lowering drugs, you decrease the substrate that testosterone is made of. Statins lower cholesterol but also lower the production of many hormones, testosterone, estrogen, cortisol, thyroid and parathyroid.

Why are testosterone pellets better than Viagra?

Testosterone fixes the real problem—the lack of testosterone that decreases libido and sexual performance. Viagra is only treating a symptom and works only when you take it. It does not fix the sexual desire issues and has many side effects.

Additional testosterone facts

- Aging begins when testosterone drops below 400 total Testosterone
- By decreasing estrone you increase testosterone, and your risk of prostate cancer
- The production of testosterone in men normally decreases in their mid-forties and early to middle 50's.
- Bioidentical Testosterone treatment is the best therapy for lack of libido and impotence because it is most like what your body produced in your youth.

BioBalance Health – Quest Diagnostics**Quest Account STL 78300024**

10800 Olive Blvd - St. Louis, MO 63141 Phone (314) 993-0963 Fax (314) 218-3999

☒ Kathy C. Maupin M.D.☒ Bill Insurance☒ Fax Results to (314) 218-3999☒ Draw Before 9:00 AM☒ FASTING

Date: _____

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Insurance Co. Name: _____ Member ID #: _____ Group #: _____

Diagnosis Codes: E29.1, E34.9, R53.83, Z00.8, E66.3, E53.8, Z86.39, R94.8, E29.1

☒ **Male Pre Pellet (20 test)**☒ 10231 CMP☒ 7600 Lipid Panel☒ 6399 CBC w/Diff☒ 10124 Cardio CRP☒ 16293 IGF-1☒ 4212 Cortisol AM☒ 615 LH☒ 470 FSH☒ 746 Prolactin☒ 23244 Estrone☒ 785 ABO Group☒ 899 TSH☒ 866 T4 free☒ 34429 T3 free☒ 5363 PSA☒ 36170 Testosterone (free & Total)☒ 457 Ferritin☒ 496 Hemoglobin A1C☒ 561 Insulin (fasting)☒ 31789 Homocysteine

BioBalance Health – Quest Diagnostics**Quest Account STL 78300024**

10800 Olive Blvd - St. Louis, MO 63141 Phone (314) 993-0963 Fax (314) 218-3999

☒ Kathy C. Maupin M.D.☒ Bill Practice☒ Fax Results to (314) 218-3999

Date: _____

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Insurance Co. Name: _____ Member ID #: _____ Group #: _____

Diagnosis Codes: E29.1, E34.9, R53.83, Z00.8, E66.3, E53.8, Z86.39, R94.8, E29.1☒ **Male DHT Pre Pellet**☒ 90567 DHT

Ver 3.0 May 2018

Signature: _____**Total Test Ordered:** 1