



INTEGRATIVE HORMONE


Specialists

CONSENT FOR HORMONE REPLACEMENT THERAPY

- I, _____ request from Lori Sweat, MD or Carol Cornett APRN with Integrative Hormone Specialists to prescribe for me Bioidentical Hormone Replacement Therapy (BHRT), if deemed necessary.
- I understand that BHRT is not specifically approved by the FDA for preventative medicine and my request for BHRT is off-label.
- I understand that the medical literature indicates that there may be health benefits to the use of BHRT and its long-term effects are undetermined.
- I understand that Lori Sweat, MD or Carol Cornett ARNP with Integrative Hormone Specialists cannot guarantee any results or that there will be no harm. The potential health risks and benefits of using BHRT have been explained to me to my satisfaction.
- I understand that BHRT is purely elective and that it may not be deemed medically necessary by insurance companies.
- I certify that I have read the above consent and fully understand it. I believe that I have adequate knowledge upon which to base this BHRT informed consent.
- I fully understand what I am signing and hereby request and consent to BHRT treatment.

Client Signature

Date


Lori Sweat, MD


Carol Cornett, APRN