

**Consent for Hormone Replacement Therapy**

I, \_\_\_\_\_ request from Debbie M Garratt FNP-C to prescribe me Bioidentical Hormone Replacement Therapy (BHRT)

I have researched BHRT and understand the possible benefits and possible risks

I will follow up with my health and obtain Mammograms when recommended

I understand BHRT is purely elective and may not be deemed medically necessary by insurance companies

I understand I may be prescribed a combination of patented BHRT and compounded BHRT depending on my individual needs and based on testing results.

I certify that I have read the above consent and fully understand it. I believe 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

Patient Signature ----- Date-----

Practitioner Signature-----Date-----