

# Bio-identical Hormone Therapy – Consent Continuation

## Re-statement of Consent

I acknowledge that I am currently receiving Bio-identical Hormone Optimization Therapy from the Florida Center for Hormones and Wellness. This therapy may include the use of Estrogen, Testosterone, Progesterone, Thyroid as well as several other hormones. The therapy has been thoroughly explained to me during previous office visits and I am fully aware of the physiology of hormones, the documented health benefits as well as the risks, and medical controversies surrounding the use of Bio-identical Hormone Therapy.

By signing this consent, I acknowledge that I understand the above and I freely renew my consent to Bio-identical Hormone Therapy

I am satisfied that I understand my treatment with Bio-identical Hormone Therapy and I do not wish to review the original consent form.\*\*

**Signature of Patient:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\*\*If you are not comfortable signing the re-statement of consent and wish to review the entire consent again, please see the Front Desk Manager. All patients will need to sign either the re-statement of Consent or the original consent prior to being seen by the doctor. Thank you!

Initials MD: \_\_\_\_\_

John C Carrozzella  
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Orlando, Florida