



I agree, while a patient of Hormone Therapeutics, HT Physicians and their affiliates, that I will not take any type of anabolic steroids, testosterone gels, hormone "boosters", pro-hormones or any additional testosterone supplementation not provided by Hormone Therapeutics during my treatment plan. At any time, if use of these items is discovered, I understand I may be discharged as a patient of Hormone Therapeutics.

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Patient Name

Date

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Hormone Therapeutics Representative

Date