



Therapy Management Agreement

DFW Anti-Aging and Wellness does not prescribe HRT for performance enhancement.

This agreement between _____ (patient) and DFW Anti-Aging Wellness Centers (DFWAAWC) establishes guidelines and conditions required for the use of hormone replacement therapy (HRT) involving certain DEA “controlled” or “scheduled” medications. DFWAAWC and (patient) agree that these guidelines and conditions are an essential factor in maintaining a successful patient/physician relationship. Adverse side effects and/or psychological dependence may develop after repeated usage of these medications and so, these prescriptions are prescribed with caution.

The patient agrees and accepts the following conditions:

1. I understand that the medical treatment offered by DFWAAWC and DFWAAWC Physician(s) are not accompanied by any claims, guarantees, promises, or warranties.
2. I understand that the medications I have purchased are prescribed for me based on diagnoses derived from my submitted medical history, laboratory blood work, and physical exam. They are used exclusively for treatment of these diagnoses.
3. I will not attempt to obtain “controlled” or “scheduled” HRT medications illegally or from any other healthcare provider without disclosing my current medication usage. I also understand that it is illegal to do so.
4. I will immediately report any adverse side effects related to the use of my medications to DFWAAWC and discontinue use until advised to resume usage by DFWAAWC.
5. I will safeguard my medication from loss or theft, and I will not share, sell, or trade my medications for money, goods, or services.
6. I will use my medications at the prescribed rate and dosage and will keep the medication in its respective labeled containers.
7. I will not use my medications for body building or as a performance enhancing substance.
8. I understand that my fees include a one hundred dollar appointment deposit which will be applied to the cost of the office visit, physical examination, blood work, or therapy. To cancel an appointment, I must call 940-382-6900 at least 24 hours prior to my scheduled appointment or, regrettably, a \$100 no-show fee will be charged.
9. I understand that DFW Anti-Aging Wellness Centers does not replace my current primary care provider (PCP). If I do not have a PCP, I agree to establish care with a physician for my general health issues.

I have read and agree to the terms of the Therapy Management Agreement.

Patient Printed Name

Patient Signature