

Pagelopolus Endocrinology

Form 02 - Estradiol Pellet Therapy Informed Consent

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Patient full name: _____ Date of birth: _____

Medical record number: _____ Date: _____

Treatment Being Considered

I am considering estradiol hormone therapy using subcutaneous pellet implantation as discussed with my clinician.

Clinician name: _____

Expected Goals and Potential Benefits

Goals of treatment and expected benefits were reviewed with me and may include improvement of symptoms relevant to my clinical diagnosis. I understand response varies by person and dose adjustment may be required.

Patient initials: _____

Alternatives Discussed

I understand alternatives were discussed, including:

- 1 No hormone treatment at this time.
- 2 Other estradiol routes (for example oral or transdermal) when clinically appropriate.
- 3 Delayed treatment pending further evaluation.

Patient initials: _____

Risks and Limitations Discussed

I understand the clinician reviewed:

- 1 General estrogen-related risks and route-specific risk considerations.
- 2 The need to evaluate personal risk factors, including thromboembolic risk.
- 3 Possible local procedure risks from pellet insertion (pain, bruising, bleeding, infection, scarring, pellet extrusion).
- 4 That pellets are not immediately reversible once implanted.
- 5 That ongoing lab monitoring and follow-up visits are required.

Patient initials: _____

Fertility and Reproductive Counseling

I have been counseled about potential fertility implications and available preservation options when applicable.

Patient initials: _____

Questions and Voluntary Decision

I had the opportunity to ask questions. My questions were answered. I understand I may decline or stop treatment in the future.

Patient initials: _____

Signatures

Patient or legal representative name: _____ Relationship (if not patient): _____ Signature: _____

_____ Date: _____

Clinician name: _____ Signature: _____

_____ Date: _____

Witness/staff name: _____ Signature: _____

_____ Date: _____

Source Notes (for internal verification)

- WPATH SOC8 informed-consent and fertility-counseling framework:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9553112/>
- Trocar insertion local risk profile and aftercare context:
<https://trocarsupplies.com/pages/insertion-procedure>
- Pellet implant local adverse-event language reference (implant site infection/extrusion in pellet literature):
<https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=81310d87-0fd2-43d2-b493-629694e5e594>