



Regener8 Health & Wellness

Therapy & Medication Management Agreement

This agreement between Regener8 Health & Wellness ("Practice") and the undersigned Patient establishes the guidelines required for hormone-replacement therapy (HRT), including any U.S. DEA-scheduled ("controlled") medications that may be prescribed. These guidelines are essential for maintaining a safe and successful patient-provider relationship because repeated use of these agents may cause adverse effects or physical/psychological dependence.

1. General Acknowledgements

- I understand that medical treatment provided by Regener8 Health & Wellness and its licensed providers is not accompanied by any guarantee or warranty.
- Medications are prescribed exclusively for me based on my documented symptoms, medical history, lab results, and physical examination, and only for treatment of clinically proven hormonal deficiencies and related conditions.
- I certify that all information I have provided (verbally, on health-history forms, and in lab work) is true and complete, and that I have not been coached or deceptive for secondary gain.
- I will not obtain HRT medications from any other source—including other healthcare practitioners—without first disclosing my current therapy. I understand that doing so is illegal.
- I have discussed and understand the risks, benefits, and alternatives of HRT. I will immediately report any adverse side effects to the Practice and suspend therapy until advised to resume.
- Regener8 Health & Wellness clinicians are available during normal business hours to answer questions throughout my treatment.

2. Medication Handling & Usage

- I will safeguard all medications from loss, theft, or misuse and am solely responsible for their security.

- Medications are for my personal use only. I will not share, sell, or trade them.
- I will use medications exactly as prescribed (dose, route, frequency) and keep them in their labeled containers.
- I will not use any treatment or medication from Regener8 Health & Wellness for bodybuilding, athletic performance enhancement, or cosmetic appearance.
- I understand that federal regulations prohibit the return of prescribed medications.

3. Monitoring & Follow-Up

- I agree to complete follow-up blood testing and/or provider visits 4–10 weeks after therapy initiation and every 6 months thereafter, or as otherwise directed by my Regener8 provider.
- I understand that my initial consultation requires a \$199 appointment deposit. To cancel or reschedule without penalty, I must email my patient-care coordinator at jcarlton@regener8now.com at least 48 hours before the appointment; otherwise, the deposit is forfeited.

4. Coordination of Care

I acknowledge that treatment from Regener8 Health & Wellness does not replace my relationship with my primary-care provider (PCP). I will inform my PCP of my HRT plan and coordinate ongoing care accordingly.

5. Eligibility & Disclosures

- Regener8 providers treat adults aged 30 and over who have documented hormone deficiencies (e.g., hypogonadism, adult growth-hormone deficiency) confirmed through a complete medical assessment, diagnostic blood testing, and physician evaluation.
- These statements have not been evaluated by the U.S. FDA. No prescription will be issued unless a clinical need is established through required labs, consultation, and medical history. Completing lab work does not guarantee a prescription.

6. Acceptance of Terms

I have read, understand, and agree to the terms of this Therapy & Medication Management Agreement.

Patient Signature	_____
Printed Name	_____
Date (MM/DD/YYYY)	__ / __ / __

Authorized Provider (Regener8 Health & Wellness)	_____
Date (MM/DD/YYYY)	__ / __ / __

Thank you for entrusting us with your care.