

Pelosi Medical Center BHRT PELLET TREATMENT PLAN - MALE

- The following medications or supplements are recommended in addition to your pellet therapy.
- It is best to take these vitamins and/or supplements after eating.
- **If you are currently using another form of testosterone, please stop after 7 to 10 days.**

SUPPLEMENTS: Those marked with an * are available in our office to purchase. To order online, scan the QR code. For best results, please take the supplements recommended for you. Take all supplements or vitamins AFTER a meal.



_____ DIM SGS+ - take 2 daily. 1 in AM and 1 in PM. *

_____ ADK 5 or _____ ADK10 – take daily or as directed. *

_____ Multi-Strain Probiotic 20B - take 1 to 2 weekly then increase after 1 month to 1 daily. *

_____ Bacillus Coagulans - take 1 daily or as directed.

_____ Methyl Factors+ - take 1 daily or as directed based on B12 or other lab results. *

_____ Iodine+ - start by taking 2-3x weekly and gradually increase to daily dosing; start Iodine+ about 4 weeks after your first round of pellets.

_____ Arterosil - take 1 capsule twice daily; take 1 capsule 3x daily if taking for diabetic neuropathy.

_____ Curcumin SF - take 1-2 twice daily.

_____ Omega 3 + CoQ10 - take 1-2 twice daily.

_____ Senolytic Complex - take 1 capsule per day with water or as directed.

_____ Best Night Sleep - take 2 capsule 30 minutes before bed or as directed.

_____ Serene - take 1 or 2 capsules with water as needed. Effects typically start to diminish after 3-4 hours. Dosing may vary.

_____ BPC-157 - take 2 capsules per day with water or as directed.

_____ Other _____

PRESCRIPTIONS: These will be electronically sent to your preferred pharmacy.

_____ NP Thyroid _____ mg every morning on an empty stomach. Wait 30 minutes before eating or drinking anything, including coffee, food, or other medications.

_____ Wean off Synthroid/Levothyroxine: alternate your desiccated thyroid (NP Thyroid or Armour) every other day with Synthroid/Levothyroxine for 3 weeks then go to every day on your desiccated thyroid

_____ Femara (letrozole) 2.5mg _____ tablet every _____ week(s).

_____ Arimidex (anastrozole) 1 mg _____ tablet every _____ week(s).

_____ Wean off your antidepressant (see wean protocol) once you are feeling better in 4-6 weeks.

_____ Other _____

Please call us at 201-858-1800 or send us a message through our patient portal for any questions about these recommendations.

I ACKNOWLEDGE THAT I HAVE RECEIVED A COPY AND UNDERSTAND THE INSTRUCTIONS ON THIS FORM.

Patient Signature

____/____/____
Date