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professional experienced care with a personal touch

Post-Treatment Instructions Testosterone and or Hormone Pellet Insertion

Please carefully read and follow these Instructions after your Testosterone / Hormone Pellet Insertion.

There are minimal restrictions after your insertion allowing you to return to your daily activities almost immediately

Do NOT touch, press, rub, or manipulate the treated area (s) for at least 8 hours after your treatment

AVOID Aspirin, Motrin, Ibuprofen, Aleve (all non-steroidal and steroidal anti-inflammatory agents), Gingko Biloba, Garlic, Flax Oil, Cod liver Oil, Vitamin A, Vitamin E, or any other essential fatty acids at least 2 weeks prior to and after your treatment. Remember, we are creating inflammation.

If you experience discomfort or pain you may take Tylenol or other Acetaminophen products

You should apply Ice to the insertion area 10-15 minutes after the procedure.

Do not wash or take a shower for at least 6 hours after your insertion.

Do not swim or soak for at least 3 days after your insertion or shave site for 10 days post insertion

Do not use any lotions, creams, or make-up for at least 6 hours after your insertion at the insertion site.

AVOID vigorous exercise, sun and heat exposure for at least 3 days after your treatment

AVOID: Alcohol, caffeine, and cigarettes for 3 days before and after your treatment

Smokers do not heal well and problems recur earlier and results may take longer.

Maintain a healthy diet and Drink at least 64 oz.'s of water the day of the treatment. (*Fiji water is recommended due to its high content of Silica*) Continue water intake the first week after.

It is normal to experience: Bruising, Redness, Itching, Soreness, and Swelling that may last up to 3 - 5 days following your procedure. If swelling occurs apply ice pack for 15 - 20 minutes.

Please call our office should you have any questions or concerns regarding your testosterone / Hormone insertion or Aftercare at 727-322-4227.

I certify that I have been counseled in post treatment instructions and have been given a written copy of these Instructions.

Patient Name: _____ Signature: _____ Date: _____

Witness Name: _____ Signature: _____ Date: _____