

Jennifer Y. Park, MD, FACOG
Bryan S. Jick, MD, FACOG
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625 South Fair Oaks Ave
Suite 255A
Pasadena, CA 91105



Telephone 626.696.2655
Telephone 626.304.2626
Facsimile 626.585.0695
www.pasadenapellets.com
NPI: 1831416734
Tax ID: 27-2443605

To our NEW Pasadena Pellet Therapy (male) Patient:

To start treatment with ***Bio-identical Testosterone Hormone Pellets*** for symptomatic testosterone deficiency, there are some tests needed to assess your health, your risks and the dose of hormones in the pellets. After we have reviewed your health survey and your symptoms, we will determine whether you are a candidate for Bioidentical Testosterone Hormone Therapy.

If you are a candidate, we will ask you to do the following:

1. Have your blood drawn for hormonal levels—fasting for 12 hours prior. This means in the morning, drink water only and do not eat any food before the blood draw. Please do this at least 2 WEEKS BEFORE YOUR APPOINTMENT. The lab charges will be billed to your insurance. Labs can be done in our office (we have Primex Labs) or at Quest Labs (we have included a list of local Quest Lab locations).
2. Provide a medical clearance note to us from a licensed medical provider that you are medically cleared for possible testosterone hormone therapy. We have provided the form.
3. Please fill out and submit your New Patient History Form.

Bio-identical Hormone Therapy - Policies

Pasadena Pellet Therapy operates on a cash basis, so payment is expected at the time of service. Pasadena Pellet Therapy is a separate medical practice from Fair Oaks Women's Health and we cannot bill for through Fair Oaks Women's Health.

Pasadena Pellet Therapy has no contracts with any insurance companies. You will be expected to pay in full at the time of service. We can provide you with paperwork to send to your insurance company. If your insurance company approves this service, they will send you the payment directly. We cannot send letters of necessity or call the insurance to request payment, so please do not ask the staff to do this for you. It is your responsibility to deal with your insurance company. You may pay with cash, check, or credit card.

Let's Talk about Cost

If you are discouraged by the cost of this therapy, consider this: you might be taking other medications, such as anti-depressants, anti-anxiety meds, erectile dysfunction meds, or sleeping pills for example, that could all become unnecessary if you respond as expected to ***Bio-identical Testosterone Hormone Therapy*** for testosterone deficiency.

You will no longer have to pay for multiple co-pays every month or pay for doctor visits that are no longer needed and you might be able to stop many non-prescription treatments as well. If you add up the cost of your current medicines, time at the pharmacy, and costs saved on no-longer needed alternative therapies for low energy and sexual dysfunction, you will save money and will improve the quality of your life. Compare the potential costs to the potential benefits !

The average fee for pellets and pellet insertion runs \$500 to \$600 every 4-6 months. *If you require pellets inserted every 4 months*, your total cost will be an average of \$1,200 to \$1,800 per year or about \$100 to \$150 per month.

Benefits of Using Bio-identical Testosterone Hormone Therapy

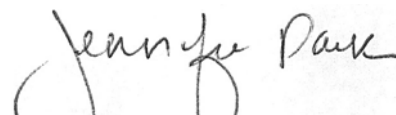
Increased Productivity: If you are a person who has his own business or is paid only when you work, you should see an increase in your productivity so much that *you will cover the yearly cost of Pellet Therapy in just a few months*. If you are not self-employed you will still have more free time and increase your productivity once you begin pellet treatments.

Decreased need for Medical Care from other specialists: If you experience migraines, decreased libido, memory loss, sleep problems, low energy, dysfunctional immune system, or other health problems that increase with age, bio-identical testosterone pellet therapy can help you! You will save the money that you now spend on medications and doctor visits for those conditions, because you will feel better and be healthier.

Keep your Marriage Healthy: With loss of libido and fatigue, we become depressed and impatient, lose interest in our partners, and place our marital relationship at risk. Testosterone Pellet therapy can restore your libido and your energy. Loss of libido in men is known to be a contributing factor in divorce, and the emotional and psychological cost of this is enormous! Marriage counseling is rarely covered by insurance and lawyers are very expensive. When we feel well and have our sex drive back, our relationships get much better. You cannot measure the cost savings of keeping your marriage healthy.

The real message here is that when you consider ALL the Benefits of Testosterone Pellet Therapy -- improved energy, better sleep, mental clarity, restored libido – the price you pay is worth it! You owe it to yourself to try out this unique and effective approach to hormone therapy. Improved health and a restored sense of well being is (to use a cliché) - PRICELESS!

Sincerely,



Jennifer Y. Park, MD, FACOG



Pasadena
Pellet Therapy
www.pasadenapellets.com

PATIENT INFORMATION FORM

Please take a few minutes to complete this form. There may be times when it is urgent that we contact you, so please try to be as complete and accurate as possible, especially with phone numbers. Thank you very much. All information provided is completely confidential.

DATE TODAY _____ [Office use: (HH Med Rec # _____)]
 PATIENT LAST NAME _____ FIRST NAME _____ M.I. _____
 PREFERRED NAME _____ MAIDEN NAME _____
 DATE OF BIRTH _____ SSN# _____ RACE _____
 MARITAL STATUS M S D W _____ DRIV LIC. # _____ RELIGION _____
 ETHNICITY (H, NH or D) _____ (H - Hispanic, NH - Non-Hispanic or D- Declined)
 ADDRESS _____ (PO Boxes Not Allowed)
 ZIP _____ CITY _____ STATE _____
 HOME PH.# _____ WORK PH.# _____ CELL PH.# _____
 FAX # _____ email: _____

PREFERRED PHONE NUMBER M-F 9-5 (circle one): **HOME** **WORK** **CELL**

Are you employed? _____ If yes, EMPLOYER NAME _____
 EMPLOYER PH. # _____ FAX # _____
 ADDRESS _____
 ZIP _____ CITY _____ STATE _____
 YOUR OCCUPATION _____

HOW DID YOU HEAR OF US? _____

PHARMACY INFORMATION

PHARMACY NAME: _____ PHONE _____
 PHARMACY STREET ADDRESS: _____
 PHARMACY CITY, STATE, ZIP _____

EMERGENCY CONTACT INFORMATION

CONTACT NAME _____ RELATIONSHIP _____
 MAIN PHONE _____ OTHER PHONE _____

Payment is due at time of service. We accept cash, check, VISA, MasterCard and AMEX

PERMISSION TO LEAVE DETAILED MESSAGES ON YOUR VOICE MAIL or e-MAIL?

Please sign below if you give us permission to leave messages (such as test results) on your voice mail or e-mail:

SIGNED _____ DATE _____

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New Patient History (male)

Name: _____ Date: _____
Date of Birth _____ Age _____ Occupation _____

Patient History (check all that apply)

- Decreased sex drive
- Weaker erections
- Longer time to climax
- Loss of spontaneous morning erections
- Infrequent or absent orgasms
- Fatigue and lack of energy
- Dry skin
- Snoring
- Insomnia
- Change in mood: anxiety and/or depression
- Shrinking testicles
- Recent Weight gain
- Declining mental ability and memory
- No result from erectile dysfunction medications
- Diminished strength and exercise tolerance
- Muscle shrinkage, loss of muscle tone
- Joints ache and/or new onset of arthritis symptoms
- Other _____

Medical History

Allergies to Medicines: _____

Current Medications: _____

Medical/Urological Exam in the Last Year:

Prostate exam and PSA:

- Was normal Was abnormal

New Patient History (page 2)

Medical Illnesses:

- High blood pressure
- Heart bypass surgery or stents
- Thyroid disease
- High cholesterol
- Prostate enlargement
- Urinary Problems
- Arthritis
- Depression/anxiety
- Cancer (type): _____ Year: _____

Past Medical History:

- I have had testicular or prostate cancer
- I have an elevated PSA
- I have trouble passing urine or take Prostate or Urinary Medication
- I have chronic liver disease (e.g., hepatitis, fatty liver, cirrhosis)
- I have diabetes
- I have had a stroke and/or heart attack
- I have had a blood clot and/or a pulmonary embolism
- I have hemochromatosis (elevated red blood cell count)

Past Surgical History: None Yes (please specify below)

Type _____ Date _____

Social:

- I have completed my family
- I want to be sexually active
- I am married or in a committed relationship (with male or female): _____
- I am sexually active (with male, female, or both): _____

Habits:

- I smoke cigarettes
- I drink more than 10 drinks of alcohol per week
- I am a recovering alcoholic or substance abuser
- I use or have used marijuana in the past year
- I use or have used cocaine or other illegal drugs in the past year

New Patient History (page 3)

Forms of Testosterone Hormone Therapy I have used and results:

Other problems or concerns not listed in this questionnaire:

Your Goals:

- I am here for Testosterone Hormone Pellet Therapy
- I would like to know more about other forms of Bio-identical testosterone hormone replacement
- Other: _____

Signature: _____ Date _____

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Pre-Pellet Laboratory Tests (male)

Patient Name _____ Date _____

The following tests are done as part of the Pre-Pellet Lab Panel.
You need 12 hours fasting. In the morning, it is ok to drink water but do not eat anything until after the blood draw (bring a snack for afterwards).

LAB ORDER

CBC – complete blood count
CMP – comprehensive metabolic panel
DHT - dihydrotestosterone
Estradiol
Estrone
Ferritin
FSH
LH
Lipid panel
Prolactin
PSA – prostate specific antigen
Testosterone – Free and Total
Thyroid Panel with TSH
Vitamin D3

Applicable ICD-10 Billing Codes

___ E29.9 (testicular dysfunction, unspecified)
___ E34.9 (endocrine disorder unspecified)
___ R68.82 (decreased libido)
___ R53.83 (other fatigue)

You may take this signed lab order slip to any lab.

Sincerely,

A handwritten signature in black ink that reads "Jennifer Y. Park". The signature is written in a cursive style with a large initial "J".

Jennifer Y. Park, M.D., F.A.C.O.G.

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WE HAVE PRIMEX LAB IN OUR OFFICE

All necessary blood tests can be done in our office, Monday through Friday, from 8:00 am to 4:00 pm. You need to be fasting for your FIRST blood draw. This means no food after bedtime but drinking water is ok. Bring a snack to eat after they draw your blood. The labs are normally covered by your medical insurance except some, such as CIGNA, do not have a contract with Primex. We have also provided information on Quest Labs for those with CIGNA or if you are not sure if Primex is a covered lab. (Primex is not affiliated with Fair Oaks Women's Health or Pasadena Pellet Therapy. We offer them as a convenience for our patients.)

QUEST LOCATIONS

You can make an appointment at a Quest Lab location near you to have your blood drawn. To make an appointment using the Quest automated system call 888-277-8772.

Pasadena

50 Bellefontaine St.
Suite #101
Cotton North Medical Building
Pasadena, CA 91105

65 N. Madison Ave.
Suite #305
Medical Building
Pasadena, CA 91101

960 E. Green St.
Suite #164
Medical Building
Pasadena, CA 91106

1845 N. Fair Oaks Ave.
Suite P301
Community Health Clinic
Pasadena, CA 91103

Glendale

3600 N. Verdugo Rd.
Suite 303
Glendale, CA 91208

800 S. Central Ave.
Suite 205
Glendale, CA 91204

San Gabriel

416 W. Las Tunas Drive
Suite 204
San Gabriel, CA 91776

Alhambra

723 S. Garfield Ave.
Suite 301
Alhambra, CA 91801

Arcadia

612 W. Duarte Rd.
Suite 104
Arcadia, CA 91007

301 W. Huntington Dr.
Suite 413
Arcadia, CA 91007

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Medical Clearance for Possible Testosterone Pellet Therapy

Patient Name _____ Date _____

Patient Date of Birth _____

The above patient is planning to consult with Dr. Jennifer Park regarding possible treatment with bio-identical testosterone delivered via subdermal pellets. Bioidentical hormone pellets (rice-sized pellets placed just under the skin two or three times a year), release pure testosterone directly into the bloodstream in a steady state while avoiding the risks to children or pregnant women (according to the FDA, minute contact exposure from a family member using topical testosterone gels or creams could be extremely hazardous for a child or unborn fetus).

Per the FDA, absolute contraindications to the use of testosterone therapy include: men with carcinoma of the breast or known or suspected prostate cancer. Having BPH (benign prostatic hypertrophy) is a relative contraindication.

The undersigned physician has a doctor-patient relationship with this patient, and does not believe that there are any medical contraindications to this proposed treatment.

Physician Signature _____ Date _____

Physician Name _____