



**Agreement Not to Use Other Testosterone Supplementation**

I, \_\_\_\_\_, agree that, while a patient of Forever Young Health & Wellness, I will not take any type of anabolic steroids, testosterone gels, hormone “boosters”, pro-hormones, or any additional testosterone supplementation not provided by Forever Young Health & Wellness during my treatment plan. At any time, if use of these items is discovered, I understand I may be discharged as a patient of Forever Young Health & Wellness.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Forever Young Health & Wellness Representative: \_\_\_\_\_ Date: \_\_\_\_\_