



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

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Patient Signature

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Date

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Signature of Witness

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Date