



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.

Patient Signature: _____ Date: _____

Helix Health Representative: _____ Date: _____