

Pinnacle TRT Men's Health Clinic

TESTOSTERONE / B12 HOME INJECTION RELEASE OF LIABILITY

Patient Name: _____

Date of Birth: _____

Date: _____

The undersigned patient acknowledges and agrees to the following terms regarding the self-administration of prefilled testosterone syringes provided by [Pinnacle TRT Men's Health]:

1. Acknowledgment of Training:

- I have received proper training from a licensed healthcare provider at [Clinic Name] on how to safely administer testosterone injections at home.
- I understand the correct injection technique, proper site selection, sterile handling procedures, and disposal of used syringes and needles.

2. Assumption of Risk:

- I understand that self-administration of testosterone injections carries risks, including but not limited to **infection, bleeding, pain, allergic reactions, nerve damage, abscess formation, and improper dosing.**
- I acknowledge that any complications or injuries resulting from self-administration are my sole responsibility.

3. Release of Liability:

- I hereby release, waive, and discharge [Pinnacle TRT Men's Health], its healthcare providers, employees, and affiliates from any and all liability, claims, demands, or causes of action arising from or related to the self-administration of testosterone provided by the clinic.
- I understand that the clinic is not responsible for any adverse effects, injuries, or complications that may occur as a result of my decision to self-inject testosterone outside the clinic.

4. Medical Follow-Up & Responsibilities:

- I agree to follow all medical advice and instructions provided by the clinic regarding testosterone therapy.
- I understand the importance of regular follow-up appointments and lab monitoring as required by my provider.
- I will promptly report any side effects, complications, or concerns to the clinic.

5. Proper Storage & Disposal:

- I acknowledge my responsibility to store the testosterone syringes in a safe and appropriate manner as instructed.
- I will dispose of all used syringes and needles properly using an approved sharps container.

6. Voluntary Agreement:

- I have read and fully understand this **Release of Liability Form.**
- I am signing this form voluntarily and without coercion.

- I confirm that I have had the opportunity to ask questions and that all my questions have been answered to my satisfaction.

Patient Signature: _____

Date: _____

Provider/Witness Name: _____

Provider/Witness Signature: _____

Date: _____