



MIRANDA NATUROPATHIC CLINIC
467 Westney Rd South, Unit 10, Ajax, ON, L1S 6V8
905-239-3900

Consent for Treatment with BHRT and DTE

Patient - [redacted] Age [redacted] Date [redacted]

- I confirm that I have been advised that Dr Sandra Miranda, ND provides care, therapy and treatment as an adjunct to the care provided by my family physician and specialist. It is recommended to continue to attend and be monitored by my primary attending physician.
- I understand that Dr Sandra Miranda, ND provides bio-identical hormone replacement (BHRT) and natural dessicated thyroid (DTE), which may be considered to be an alternative medical approach.
- I understand that there may be differences of opinion, within the medical community, the SOGC (Society of Obstetricians and Gynaecologist of Canada), regarding the use and effectiveness of BHRT.
- Possible side effects of BHRT may include: rash, vaginal irritation, endometrial thickening, tender breasts, enhancing growth of cancer.
- Failure to balance your hormones may result in osteoporosis, bladder problems, depression, cognitive decline, hot flashes, night sweats, insomnia, vaginal dryness, decreased libido, cardiac arrhythmia, arthritis.
- Progesterone is important anytime you use bio-identical estrogen cream (even if you have a uterus).
- I acknowledge that it is my responsibility to receive my physical examination from my primary attending physician, who will also be primarily responsible for arranging for my mammograms, bone density testing and any other laboratory investigation that he/she deem appropriate.
- I understand that it is recommended that your primary attending physician be notified of all treatments and forms of therapy recommended by Dr Sandra Miranda, ND. I give my consent to notify my doctor of my new prescriptions. YES NO
- Women over 21 yrs old - I agree to bring a copy of my PAP test that I will get done every 3 years [redacted]
- Women over 50 yrs old - I agree to bring a copy of my mammogram or breast ultrasound a minimum of every 3 years. [redacted]
- Women taking estrogen without a hysterectomy - I agree to ask my primary attending physician for pelvic ultrasound every year to monitor my uterine lining. [redacted]
- I agree to bring a copy of any blood work performed by my own physician. [redacted]
- I am aware of my options with respect to my condition (such as using herbal and nutritional therapy alone or synthetic medication and hormones through my medical doctor) and appreciate that Dr Sandra Miranda, ND is incorporating her perspective and knowledge of bio-identical hormone replacement therapy as an adjunct to care and advice that has been provided to me by my primary attending physician. [redacted]
- I recognize that I have the right to accept or reject any medical care that Dr Sandra Miranda, ND may recommend. [redacted]
- I hereby consent to engage in treatment programs involving the use of bio-identical hormone replacement therapy provided by Dr Sandra Miranda, ND. [redacted]

[redacted]
Date

[redacted]
Patient's Signature