Revised: 8/10/11

Testosterone Patient Information

PLEASE NOTE: THIS MEDICATION HAS NOT BEEN EXTENSIVELY STUDIED IN THE MEDICAL LITERATURE. WARNINGS AND CAUTIONS ARE NOT WELL DOCUMENTED. IF YOU HAVE ANY QUESTIONS YOU SHOULD DISCUSS THE USE OF THIS MEDICATION WITH YOUR PHYSICIAN.

How is it best taken?

All forms:

Wash hands before and after use.

Topical Application:

- Apply to clean, dry, healthy skin on belly, shoulder, upper arm, scrotum, or other locations determined by your physician.
- Do not bathe, shower, or swim for 2 hours after applying.
- If using an alcohol-based gel, avoid fire, flames, or smoking until the gel has dried.

Injection:

This medicine is given as a shot into a muscle.

What do I do if I miss a dose? (does not apply to patients in the hospital)

- Use a missed dose as soon as possible.
- If it is almost time for the next dose, skip the missed dose and return to your regular schedule.
- Do not use a double dose or extra doses.
- Do not change dose or stop medicine. Talk with healthcare provider.

REASONS NOT TO TAKE THIS MEDICINE:

- If you have an allergy to testosterone or any other part of this medicine.
- Tell healthcare provider if you are allergic to any medicine. Make sure to tell about the allergy and how it affected you. This includes telling about rash; hives; itching; shortness of breath; wheezing; cough; swelling of face, lips, tongue, or throat; or any other symptoms involved.
- If you have any of the following conditions: Enlarged prostate gland, heart disease, kidney disease, liver disease, prostate cancer, or unexplained genital bleeding.
- If you are male and have breast cancer.
- If you are pregnant or may be pregnant.
- If you are breast-feeding.

What are the precautions when taking this medicine?

- Check medicines with healthcare provider. This medicine may not mix well with other medicines.
- Avoid exposing another person to the gel or the treated area of your skin.
- Use birth control that you can trust to prevent pregnancy while taking this medicine.

What are some possible side effects of this medicine?

- Breast enlargement.
- Emotional ups and downs.
- Flushing. Wearing layers of clothes or summer clothes and cool environment may help.
- Nausea or vomiting. Small frequent meals, frequent mouth care, sucking hard, sugar-free candy, or chewing sugar-free gum may help.

What should I monitor?

- Change in condition being treated. Is it better, worse, or about the same?
- Check blood work regularly. Talk with healthcare provider.
- Check blood pressure regularly.
- Follow up with healthcare provider.

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REASONS TO CALL HEALTHCARE PROVIDER IMMEDIATELY:

- If you suspect an overdose, call your local poison control center immediately or dial 911.
- Signs of a life-threatening reaction. These include wheezing; chest tightness; fever; itching; bad cough; blue skin color; fits; or swelling of face, lips, tongue, or throat.
- Not hungry.
- Penile erection that lasts longer than 4 hours.
- Severe nausea or vomiting.
- Swelling.
- Unable to pass urine.
- Very nervous and excitable.
- Yellow skin or eyes.
- Any rash.
- No improvement in condition or feeling worse.

How should I store this medicine?

- Store at room temperature.
- Protect from light.
- Protect from moisture. Do not store in a bathroom or kitchen.
- Protect from heat.

GENERAL STATEMENTS

- If you have a life-threatening allergy, wear allergy identification at all times.
- Do not share your medicine with others and do not take anyone else's medicine.

concerns or would like more information I will ask Dr. Mariotti to provide me with more information.

- Keep all medicine out of the reach of children and pets.
- Keep a list of all your medicines (prescription, natural products, supplements, vitamins, over-the-counter) with you. Give this list to healthcare provider (doctor, nurse, nurse practitioner, pharmacist, physician assistant).
- Talk with healthcare provider before starting any new medicine, including over-the-counter, natural products, or vitamins.

My signature confirms that I have read and understand this document on testosterone. I understand that if I have any questions,

| Date | Signature of Patient |
|------|---|
| | Signature of Patient Representative or Guardian |