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Important Information Regarding Hormone Therapy Compliance

I, _____, have been informed that when undergoing hormone replacement therapy (HRT) with **estrogen and progesterone**, it is crucial to take both hormones as prescribed.

Initial Here

I understand that if I miss a dose of progesterone or stop taking it, I MAY EXPERIENCE ABNORMAL BLEEDING.

Initial Here

I also understand that **IF I stop taking progesterone**, I will be at risk of developing endometrial hyperplasia (thickening of the uterine lining) WHICH CAN FURTHER INCREASE THE RISK OF ENDOMETRIAL CANCER.

Initial Here

I acknowledge that I WILL NOT STOP PROGESTERONE without first consulting my provider.

Signature

Print Name

Date