



4716 Alliance Blvd. Pavilion II, Suite 270  
Plano, Texas 75093  
214-577-1777

## Bioidentical Hormone Replacement – Male

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The contents of this package are your first step to restore your vitality.

Please take time to read this carefully and answer all the questions as completely as possible.

We look forward to partnering with you to help you feel your best again.

Thank you for your interest in Bioidentical Hormone Replacement Therapy and our practice at Medical Aesthetics of North Dallas. In order to determine if you are a candidate for bio-identical testosterone pellets, we need laboratory blood work and your history forms. We will evaluate your information prior to your consultation to determine if Bioidentical Hormone Replacement Therapy can help you live a healthier life. **Please complete the following tasks before your appointment:**

**2 weeks or more before your scheduled consultation:** Get your bloodwork drawn at any Quest Laboratory/ or LabCorp Lab. If you are not insured or have a high deductible, call our office for self-pay blood draws. We request the tests listed below. It is your responsibility to find out if your insurance company will cover the cost, and which lab to go to. **Please note that it can take up to two weeks for your lab results to be received by our office. Please fast for 12 hours prior to your blood draw.**

### Your fasting blood work panel MUST include the following tests:

- Estradiol
- Testosterone Free & Total
- PSA Total
- TSH
- T4, Total
- T3, Free
- T.P.O. Thyroid Peroxidase
- CBC
- Complete Metabolic Panel
- Vitamin D, 25-Hydroxy
- Lipid Panel (Optional) **(Must be a fasting blood draw to be accurate)**

### Male Post Insertion Labs Needed at 4 Weeks:

- Estradiol
- Testosterone Free & Total
- PSA Total (If PSA was borderline on first insertion)
- CBC
- Lipid Panel (Optional) **(Must be a fasting blood draw to be accurate)**



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## Bioidentical Hormone Replacement – Male INSURANCE DISCLAIMER

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Preventative medicine and bioidentical hormone replacement is a unique practice and is considered a form of alternative medicine. Even though the physicians and nurses are board certified as Medical Doctors and RN's or NP's, insurance does not recognize it as necessary medicine BUT it is considered like plastic surgery (esthetic medicine) and therefore is not covered by health insurance in most cases.

Medical Aesthetics of North Dallas is not associated with any insurance companies, which means they are not obligated to pay for our services (blood work, consultations, insertions or pellets). We require payment at time of service and, if you choose, we will provide a form for you to send to your insurance company and a receipt showing that you paid out of pocket. WE WILL NOT, however, communicate in any way with insurance companies.

The form and receipt are your responsibility and serve as evidence of your treatment. We will not call, write, pre-certify, or make any contact with your insurance company. Any follow up letters from your insurance to us will be thrown away. If we receive a check from your insurance company, we will not cash it, but instead return it to the sender. Likewise, we will not mail it to you. We will not respond to any letters or calls from your insurance company.

For patients who have access to Health Savings Account, you may pay for your treatment with that credit or debit card. This is the best idea for those patients who have an HSA as an option in their medical coverage.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## Bioidentical Male Hormone Replacement Fee Acknowledgment

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The form and receipt are your responsibility and serve as evidence of your treatment. We will not call, write, pre-certify, or make any contact with your insurance company. Any follow up letters from your insurance to us will be thrown away. If we receive a check from your insurance company, we will not cash it, but instead return it to the sender. Likewise, we will not mail it to you. We will not respond to any letters or calls from your insurance company.

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|   |                 |
|---|-----------------|
| <b>New Patient Consult Fee without Pellet.....</b>  | <b>\$125.00</b> |
| <b>Pre Insert Male Labwork (patient pay).....</b>   | <b>\$200.00</b> |
| <b>Post Insert Male Labwork (patient pay) .....</b> | <b>\$ 75.00</b> |
| <b>Male Hormone Pellet Insertion Fee.....</b>       | <b>\$750.00</b> |

In addition to these fees, there are times it is appropriate to prescribe nutraceuticals for maximum benefit of your hormones. These are available in our office and vary in price from \$25-\$75 dollars.

**We accept the following forms of payment:  
Master Card, Visa, Discover, American Express, Personal Checks and Cash.**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Bioidentical Male Hormone Replacement Patient Questionnaire & History

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Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ May we contact you via E-Mail? ( ) YES ( ) NO

In Case of Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Primary Care Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Address City State Zip

Preferred Pharmacy: \_\_\_\_\_  
Address Phone

Marital Status (check one): ( ) Married ( ) Divorced ( ) Widow ( ) Living with Partner ( ) Single

In the event we cannot contact you by the means you've provided above, we would like to know if we have permission to speak to your spouse or significant other about your treatment. By giving the information below you are giving us permission to speak with your spouse or significant other about your treatment.

Spouse's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

## Social:

- ( ) I am sexually active. ( ) I have completed my family.  
( ) I want to be sexually active. ( ) I have used steroids in the past for athletic purposes.

## Habits:

- ( ) I smoke \_\_\_\_\_ cigarettes/cigars per day. ( ) I use caffeine \_\_\_\_\_ times a day.  
( ) I drink \_\_\_\_\_ alcoholic beverages per day. ( ) I drink more than 10 alcoholic beverages a week.



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## Bioidentical Male Hormone Replacement Medical History

Medications Currently Taking: \_\_\_\_\_

Any known drug allergies: \_\_\_\_\_

Have you ever had any issues with anesthesia? ( ) Yes ( ) No

If yes please explain: \_\_\_\_\_

Current Hormone Replacement Therapy: \_\_\_\_\_

Past Hormone Replacement Therapy: \_\_\_\_\_

Nutritional/Vitamin Supplements: \_\_\_\_\_

Surgeries, list all and when: \_\_\_\_\_

Other Pertinent Information: \_\_\_\_\_

### Medical Illnesses:

- |  |   |
|--|---|
| <input type="checkbox"/> High blood pressure.                  | <input type="checkbox"/> Testicular or prostate cancer.                             |
| <input type="checkbox"/> High cholesterol.                     | <input type="checkbox"/> Elevated PSA.  |
| <input type="checkbox"/> Heart Disease.                        | <input type="checkbox"/> Prostate enlargement.                                      |
| <input type="checkbox"/> Stroke and/or heart attack.           | <input type="checkbox"/> Trouble passing urine or take Flomax or Avodart.           |
| <input type="checkbox"/> Blood clot and/or a pulmonary emboli. | <input type="checkbox"/> Chronic liver disease (hepatitis, fatty liver, cirrhosis). |
| <input type="checkbox"/> Hemochromatosis.                      | <input type="checkbox"/> Diabetes.  |
| <input type="checkbox"/> Depression/anxiety.                   | <input type="checkbox"/> Thyroid disease.   |
| <input type="checkbox"/> Psychiatric Disorder.                 | <input type="checkbox"/> Arthritis.   |
| <input type="checkbox"/> Cancer (type): _____                  |   |
| Year: _____  |   |

I understand that if I begin testosterone replacement with any testosterone treatment, including testosterone pellets, that I will produce less testosterone from my testicles and if I stop replacement, I may experience a temporary decrease in my testosterone production. Testosterone Pellets should be completely out of your system in 12 months.

By beginning treatment, I accept all the risks of therapy stated herein and future risks that might be reported. I understand that higher than normal physiologic levels may be reached to create the necessary hormonal balance.

\_\_\_\_\_  
Name Signature Date



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## Bioidentical Male Hormone Replacement Symptoms

| Symptom <i>(please check mark)</i>             | None                     | Mild                     | Moderate                 | Severe                   |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Decline in general well being                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Joint pain/muscle ache                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Excessive sweating                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sleep problems                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Increased need for sleep                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Irritability                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Nervousness                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Anxiety  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Depressed mood                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exhaustion/lacking vitality                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Declining Mental Ability/Focus/Concentration   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Feeling you have passed your peak              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Feeling burned out/hit rock bottom             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Decreased muscle strength                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Weight Gain/Belly Fat/Inability to Lose Weight | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Breast Development                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Shrinking Testicles                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rapid Hair Loss                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Decrease in beard growth                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| New Migraine Headaches                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Decreased desire/libido                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Decreased morning erections                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Decreased ability to perform sexually          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Infrequent or Absent Ejaculations              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No Results from E.D. Medications               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Other symptoms that concern you:



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## **Bio-identical Male Hormone Replacement Testosterone Pellet Insertion Consent**

Bio-identical testosterone pellets are concentrated, compounded hormone, biologically identical to the testosterone that is made in your own body. Testosterone was made in your testicles prior to “andropause.” Bio-identical hormones have the same effects on your body as your own testosterone did when you were younger. Hormone pellets are made from soy and hormone replacement using pellets has been used in Europe, the US and Canada since the 1930’s. Your risks are similar to those of any testosterone replacement but may be lower risk than alternative forms. During andropause, the risk of not receiving adequate hormone therapy can outweigh the risks of replacing testosterone with pellets.

### **Risks of not receiving testosterone therapy after andropause include but are not limited to:**

Arteriosclerosis, elevation of cholesterol, obesity, loss of strength and stamina, generalized aging, osteoporosis, mood disorders, depression, arthritis, loss of libido, erectile dysfunction, loss of skin tone, diabetes, increased overall inflammatory processes, dementia and Alzheimer’s disease, and many other symptoms of aging.

**CONSENT FOR TREATMENT:** I consent to the insertion of testosterone pellets in my hip. I have been informed that I may experience any of the complications to this procedure as described below. **Surgical risks are the same as for any minor medical procedure and are included in the list of overall risks below:**

Bleeding, bruising, swelling, infection and pain. Lack of effect (typically from lack of absorption). Thinning hair, male pattern baldness. Increased growth of prostate and prostate tumors. Extrusion of pellets. Hyper sexuality (overactive Libido). Ten to fifteen percent shrinkage in testicle size. There can also be a significant reduction in sperm production.

There is some risk, even with natural testosterone therapy, of enhancing an existing current prostate cancer to grow more rapidly. For this reason, a rectal exam and prostate specific antigen blood test is to be done before starting testosterone pellet therapy and will be conducted each year thereafter. If there is any question about possible prostate cancer, a follow-up with an ultrasound of the prostate gland may be required as well as a referral to a qualified specialist. While urinary symptoms typically improve with testosterone, rarely they may worsen, or worsen before improving. Testosterone therapy may increase one’s hemoglobin and hematocrit, or thicken one’s blood. This problem can be diagnosed with a blood test. Thus, a complete blood count (Hemoglobin & Hematocrit.) should be done at least annually. This condition can be reversed simply by donating blood periodically.

### **BENEFITS OF TESTOSTERONE PELLETS INCLUDE:**

Increased libido, energy, and sense of well-being. Increased Muscle mass and strength and stamina. Decreased frequency and severity of migraine headaches. Decrease in mood swings, anxiety and irritability (secondary to hormonal decline). Decreased weight (Increase in lean body mass). Decrease in risk or severity of diabetes. Decreased risk of heart disease. Decreased risk of Alzheimer’s and Dementia

I have read and understand the above. I have been encouraged and have had the opportunity to ask any questions regarding pellet therapy. All of my questions have been answered to my satisfaction. I further acknowledge that there may be risks of testosterone therapy that we do not yet know, at this time, and that the risks and benefits of this treatment have been explained to me and I have been informed that I may experience complications, including one or more of those listed above. I accept these risks and benefits and I consent to the insertion of hormone pellets under my skin. This consent is ongoing for this and all future pellet insertions.

I understand that payment is due in full at the time of service. I also understand that it is my responsibility to submit a claim to my insurance company for possible reimbursement. I have been advised that most insurance companies do not consider pellet therapy to be a covered benefit and my insurance company may not reimburse me, depending on my coverage. I acknowledge that my provider has no contracts with any insurance company and is not contractually obligated to pre-certify treatment with my insurance company or answer letters of appeal.

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Name Signature Date



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## Bioidentical Male Hormone Replacement – Prostate Cancer Waiver for Testosterone Pellet Therapy

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I, (patient name) \_\_\_\_\_, voluntarily choose to undergo implantation of subcutaneous bio-identical testosterone pellet therapy with, (Treating Provider) \_\_\_\_\_ even though I have a history of prostate cancer. I understand that such therapy is controversial and that many doctors believe that testosterone replacement in my case is contraindicated. My Treating Provider has informed me it is possible that taking testosterone could possibly cause cancer, or stimulate existing prostate cancer (including one that has not yet been detected). Accordingly, I am aware that prostate cancer or other cancer could develop while on pellet therapy.

I have assessed this risk on a personal basis, and my perceived value of the hormone therapy outweighs the risk in my mind. I am, therefore, choosing to undergo the pellet therapy despite the potential risk that I was informed of by my Treating Provider.

I acknowledge that I bear full responsibility for any personal injury or illness, accident, risk or loss (including death and/or prostate issues) that may be sustained by me in connection with my decision to undergo testosterone pellet therapy including, without limitation, any cancer that should develop in the future, whether it be deemed a stimulation of a current cancer or a new cancer. I hereby release and agree to hold harmless Dr. Eisenberg, Treating Provider, Medical Aesthetics of North Dallas, and any of their Medical physicians, nurses, officers, directors, employees and agents from any and all liability, claims, demands and actions arising or related to any loss, property damage, illness, injury or accident that may be sustained by me as a result of testosterone pellet therapy. I acknowledge and agree that I have been given adequate opportunity to review this document and to ask questions. This release and hold harmless agreement is and shall be binding on myself and my heirs, assigns and personal representatives

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**Patient Name**

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**Patient Signature**

**Date**

---

**Provider Name**

---

**Provider Signature**

**Date**



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## Bioidentical Male Hormone Replacement – Prostate Exam Waiver for Testosterone Pellet Therapy

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I, (patient name) \_\_\_\_\_, voluntarily choose to undergo implantation of subcutaneous bio-identical testosterone pellet therapy with, (Treating Provider) \_\_\_\_\_.

**For today’s appointment, I have not provided you with a prostate exam report, due to the following reason:**

( ) My decision not to have a prostate exam.

( ) I am unable to provide it at this time.

I am aware that a current report must be sent by mail or faxed to our office prior to my next HRT appointment. The Treating Provider has discussed the importance and necessity of prostate exam since I receive testosterone.

(Initials of patient) \_\_\_\_\_

A prostate exam is the best single method for detection of early prostate cancer. I understand that my refusal to submit to a prostate exam may result in cancer remaining undetected within my body. Hormone therapy may increase the risk of increase of such undetected cancer.

I acknowledge that I bear full responsibility for any personal injury or illness, accident, risk or loss (including death and/or prostate issues) that may be sustained by me in connection with my decision to undergo testosterone pellet therapy including, without limitation, any cancer that should develop in the future, whether it be deemed a stimulation of a current cancer or a new cancer. I hereby release and agree to hold harmless Dr. Eisenberg, Treating Provider, Medical Aesthetics of North Dallas, and any of their Medical physicians, nurses, officers, directors, employees and agents from any and all liability, claims, demands and actions arising or related to any loss, property damage, illness, injury or accident that may be sustained by me as a result of testosterone pellet therapy. I acknowledge and agree that I have been given adequate opportunity to review this document and to ask questions. This release and hold harmless agreement is and shall be binding on myself and my heirs, assigns and personal representatives

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**Patient Name**

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**Patient Signature**

**Date**

---

**Provider Name**

---

**Provider Signature**

**Date**

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## Bioidentical Male Hormone Replacement – Post-Insertion Instructions

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- Your insertion site has been covered with two layers of bandages. Remove the outer pressure bandage any time after 3 to 4 hours. You may replace it with a bandage to catch any anesthetic that may ooze out. The inner layer is either waterproof foam tape or steri-strips they should not be removed before 7 days.
- We recommend putting an ice pack on the insertion area a couple of times for about 20 minutes each time over the next 4 to 5 hours.
- Do not take tub baths or get into a hot tub or swimming pool for 3 days. You may shower but do not scrub the site until the incision is well healed (about 7 days).
- No major exercises for the incision area for the next 7 days, this includes running, riding a horse, etc.
- The sodium bicarbonate in the anesthetic may cause the site to swell for 1-3 days. Don't worry.....this is normal.
- The insertion site may be uncomfortable for up to 2 to 3 weeks. If there is itching or redness you may take Benadryl for relief, 50 mg. orally every 6 hours. Caution this can cause drowsiness!
- You may experience bruising, swelling, and/or redness of the insertion site which may last from a few days up to 2 to 3 weeks.
- You may notice some pinkish or bloody discoloration of the outer bandage. This is normal.
- If you experience bleeding from the incision, apply firm pressure for 5 minutes.
- Please call if you have any bleeding (not oozing) or pus coming out of the insertion site that is not relieved by pressure.
- Remember to go for your post-insertion blood work 4 weeks after the insertion.
- Most men will need re-insertions of their pellets 5-6 months after their initial insertion.
- Please call as soon as symptoms that were relieved from the pellets start to return to make an appointment for a re-insertion. The charge for the second visit will be only for the insertion and not a consultation unless you would like to discuss treatment and additional hormonal health matters.

### Prescriptions:

( ) DIM \_\_\_\_\_  
 ( ) Femara \_\_\_\_\_  
 ( ) Vitamin ADK \_\_\_\_\_  
 ( ) Iodine \_\_\_\_\_  
 ( ) Thyroid \_\_\_\_\_  
 ( ) Other \_\_\_\_\_

Every \_\_\_\_\_  
 Every \_\_\_\_\_  
 Every \_\_\_\_\_  
 Every \_\_\_\_\_  
 Every \_\_\_\_\_  
 Every \_\_\_\_\_



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## WHAT MIGHT OCCUR AFTER A PELLET INSERTION

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A significant hormonal transition will occur in the first four weeks after the insertion of your hormone pellets. Therefore, certain changes might develop that can be bothersome.

- **FLUID RETENTION:** Testosterone stimulates the muscle to grow and retain water which may result in a weight change of two to five pounds. This is only temporary. This happens frequently with the first insertion, and especially during hot, humid weather conditions.
- **SWELLING of the HANDS & FEET:** This is common in hot and humid weather. It may be treated by drinking lots of water, reducing your salt intake, taking cider vinegar capsules daily, (found at most health and food stores) or by taking a mild diuretic, which the office can prescribe.
- **MOOD SWINGS/IRRITABILITY:** These may occur if you were quite deficient in hormones. They will disappear when enough hormones are in your system.
- **FACIAL BREAKOUT:** Some pimples may arise if the body is very deficient in testosterone. This lasts a short period of time and can be handled with a good face cleansing routine, astringents and toner. If these solutions do not help, please call the office for suggestions and possibly prescriptions.
- **HAIR LOSS:** Is rare and usually occurs in patients who convert testosterone to DHT. Dosage adjustment generally reduces or eliminates the problem. Prescription medications may be necessary in rare cases.
- **HAIR GROWTH:** Testosterone may stimulate some growth of hair on your chin, chest, nipples and/or lower abdomen. This tends to be hereditary. You may also have to shave your legs and arms more often. Dosage adjustment generally reduces or eliminates the problem.