



Dr. Techy says, "Hormone replacement is much safer and easier than prescribing NSAIDS, opioids, Ambien®, Cymbalta®, and Lyrica®."

**HORMONE REPLACEMENT IS A PRIMARY CARE FUNCTION**

**FACT #1:** Most pain practitioners are not internists or endocrinologists, so they are naturally intimidated at the thought of hormone testing and replacement.

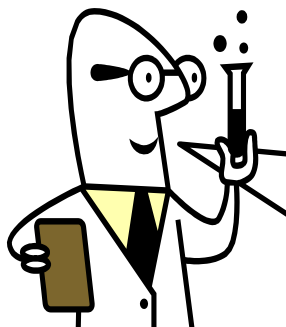
**FACT #2:** Hormone replacement of those hormones essential for pain management is a primary care function. It's not something that an endocrinologist must do.

**FACT #3:** Every prescriber of pain management medication including PA's, NP's, Pharm D's, and DO's, are highly qualified to replace the pain-critical hormones of thyroid, estrogen, progesterone, DHEA, pregnenolone, and cortisol.

**FACT #4:** The complexity of replacing pain-critical hormones is no more difficult than prescribing thyroid, estrogen, or birth-control pills.

**FACT #5: SAFETY AND EFFICACY (follow these basic rules)**

- a. Run a blood test
- b. If a hormone level is below range, replace it.
- c. Start your replacement dose low and raise ("go slow") slowly.
- d. Repeat the blood test in 6 to 12 weeks and keep the blood level in range (above range levels cause the complications).



Dr. Hormone says, "Hormone replacement of those critical to pain management is easy to do, safe, and essential for long-term pain care."

Dr. Beak says, "Getting over the **fright** is the toughest part."



Tennant Foundation

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