



T-TIME WELLNESS PATIENT GUIDE

YOUR COMPLETE GUIDE TO HORMONE
OPTIMIZATION & WELLNESS



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SECTION

1

WELCOME TO T-TIME WELLNESS

ABOUT T-TIME WELLNESS

T-Time Wellness is a concierge wellness clinic focused on helping people feel their best through hormone optimization, metabolic health, and evidence-based functional medicine. We are not a primary care clinic — we are a specialized practice built for people who are ready to dig into what's actually driving how they feel and do something about it.

Who We Serve

T-Time Wellness serves both men and women. Our men's health program focuses on testosterone optimization and hormone balance. Our general wellness program serves men and women looking for support with weight management, performance, recovery, and overall optimization.



What We Offer

- **Men's hormone optimization (TRT)** — testosterone replacement therapy, hormone balancing, and ongoing men's health management
- **Peptide therapy** — targeted peptides for recovery, performance, healing, sleep, and body composition
- **Weight loss & GLP-1 medications** — compounded GLP-1 receptor agonists for metabolic health and sustainable weight loss
- **Functional lab testing** — going beyond standard panels to understand what's actually going on with your hormones, metabolism, and overall health

How to Reach Us

- **Phone / Text:** 972-961-3515
- **Website & Booking:** ttimewellness.com — click 'Book Now' at the top of the page
- **Patient Portal:** Prosper — for secure messaging, forms, and appointment management
- **Instagram:** @ttimewellnessclinic
- **YouTube:** youtube.com/@T-TimeWellness



Our Philosophy

We believe in understanding the root cause, not just treating symptoms. We take time with our patients, explain the reasoning behind every recommendation, and build protocols that fit your life. If you want a provider who actually digs into the details and talks to you like an adult — you're in the right place.

“

*Text is always welcome.
We want staying in touch
to be easy.*

”

A LITTLE ABOUT ME

I'm Courtney, the founder of T-Time Wellness — and I'm glad you're here.

I've been a nurse practitioner for several years, working in everything from emergency medicine and recovery care to telehealth, weight loss, and clinical research. Along the way, I kept seeing the same thing over and over: people who knew something felt off but couldn't get real answers about why.



That's what pulled me into hormones and wellness medicine.

The more I learned, the more I realized how much hormone optimization can change the way someone feels day to day. Energy, motivation, focus, confidence, sleep, workouts, sex drive — it all matters. And for a lot of men, those changes happen so gradually that they start to think it's just part of getting older. It doesn't have to be.

I'm the type of person who needs to know the why behind things, so I went down the rabbit hole. I've completed advanced training in men's health, hormone optimization, and functional medicine — and I'm constantly learning because this field is always evolving.

Outside of work, I'm married to my husband Matt and we're raising our daughter, Kimber. Most weekends you'll find us outside, traveling somewhere, working on our land in Oklahoma, or planning the next adventure.

I started T-Time Wellness because I wanted to build the kind of clinic I'd want my own family to go to — one where patients aren't rushed, questions are encouraged, and the goal is to actually help people feel better instead of just checking boxes.

If we end up working together, you'll learn quickly that I like to educate my patients. I want you to understand your labs, your treatment plan, and the why behind every decision we make together.

*My goal isn't just to prescribe testosterone.
My goal is to help you feel like yourself again.*



HOW YOUR CARE WORKS AT T-TIME

Here's what to expect from your care at T-Time — so nothing feels like a surprise.

Before Your First Appointment

When you book, you'll receive a link to your Prosper patient portal. Before your appointment you'll complete intake forms and consents through the portal — this is required and must be done prior to being seen. The intake forms are comprehensive, so there's no need to prepare a separate list of symptoms — just fill out the forms thoroughly and honestly.

Your Labs

Labs may be drawn at your in-clinic visit, or if you're seen via telehealth, you'll be sent to your local Quest Diagnostics location. Results are typically available within 3-5 business days. Once they're in, I'll reach out to let you know they're complete and to schedule a time to review them together — by phone or telehealth, whichever you prefer.

Follow-Up & Ongoing Care

For TRT patients, follow-up visits are included in your membership plan. For general wellness patients, follow-ups are scheduled as needed and billed per visit. Either way — I'll reach out 1-2 weeks before your next visit or labs are due. You won't need to track it yourself.

Your Medications & Supplies

Prescriptions are sent to a compounding pharmacy and your supplies (needles, syringes, alcohol pads) come with your medication. When your order arrives, verify that everything is included and correct. If anything is missing, running low, or doesn't look right — text or message me right away so we can get it resolved before your next injection day.

Staying in Touch

- **Text or call: 972-961-3515** — for most questions and time-sensitive needs
- **Prospyr portal:** For HIPAA-compliant secure messaging and document sharing. A portal link is sent when you first sign up and can be resent anytime.
- **Most patients sign a release allowing communication via text** — if you prefer to keep all communication HIPAA-compliant, use the portal



Communication is a two-way street. I track your care proactively — but if you notice something, need a refill, or have a question, don't wait. Just reach out.





NEW PATIENT CHECKLIST

Welcome to T-Time Wellness. Here's how to get set up and started.



Before Your Appointment

- ☐ Save the T-Time number: 972-961-3515 (text or call)
- ☐ Complete your intake forms and consents in Prosper before your visit — this is required
- ☐ Bring or upload any recent labs you have (within 6-12 months) if applicable



After Your Labs

- ☐ Watch for a message from Courtney within 3-5 business days when results are ready
- ☐ Schedule your results review call or telehealth visit



Once Your Protocol Starts

- ☐ Confirm your medication and supplies arrived correctly from the pharmacy
- ☐ Review the relevant sections of this guide for your treatment plan
- ☐ Set a phone reminder for your injection day(s)
- ☐ Set up your site rotation log (phone note, sticky note — whatever you'll actually use)



Ongoing

- ☐ Text or message when you're down to 1-2 weeks of medication — don't wait until you're out
- ☐ Keep your follow-up appointments — this is how we dial in your protocol
- ☐ Reach out with questions any time — no question is too small



The patients who get the best results stay engaged. You don't have to figure this out alone.

PRICE LIST

TEE OFF, TUNE UP, AND PLAY THE LONG GAME
Your Official T-Time Wellness Pricing Menu

INITIAL CONSULT

Your personalized starting point for
TESTOSTERONE optimization.

CONSULT ONLY - \$49

- 1:1 conversation to explore TRT
- No pressure, no commitment
- Apply toward full \$250 consult if you proceed

FULL SWING ASSESSMENT - \$250

Includes:

- Initial comprehensive consultation
- Full lab panel (\$150 value)
- Personalized treatment plan
- Follow-up consult & repeat labs at 8 weeks

STAY IN THE GAME MEMBERSHIP OPTIONS

Plans start after your first month of therapy. Medications, labs, and follow-ups are all included for one predictable price.

The Short Game: Month-to-Month

\$200/month

The Long Drive : 6-Month Plan

**\$1080 total
10% off**

The masters: 12-Month Plan

**\$2040 total
15% off**

TESTOSTERONE ALTERNATIVES

Non-TRT therapies designed to boost natural testosterone and support fertility and testicular health

Enclomiphene Program - \$150/month

Includes

- Full Swing Assessment required
- Quarterly labs & follow-up visits included
- Fertility-friendly hormone optimization

HCG 10,000 iU Vial - \$250

Includes

- Supports fertility and testicular volume
- Dosing: 300 IU, 2-3x/week
- Vial typically lasts up to 12 weeks

WELLNESS & SPECIALTY SERVICES

GENERAL WELLNESS CONSULT

Your starting point for weight loss, peptides, vitamin therapy, and wellness services.

- ✓ Includes full evaluation + personalized treatment plan.
- ✓ Labs ordered as clinically indicated

\$150 with labs

\$100 without labs.

GLP-1 WEIGHT LOSS THERAPIES

Provider-guided metabolic therapy customized to dosing response and treatment goals.

SEMAGLUTIDE + B12: \$385

GLP-1 receptor support for appetite control, blood sugar regulation, & steady weight loss.
15 mg vial
Weekly subcutaneous therapy with refill timing based on titration.

TIRZEPATIDE + B12: \$530

Dual-action GLP-1 + GIP support for appetite control, insulin sensitivity, and metabolic response.
50 mg vial
Weekly subcutaneous therapy with refill timing based on titration.

RETATRUTIDE: \$500-640

Triple-action GLP-1 + GIP + glucagon support for advanced metabolic acceleration.
32 mg vial — \$500
48 mg vial — \$640
Weekly subcutaneous therapy with refill timing based on titration.

PEPTIDE THERAPY

Targeted support for recovery, body composition, cellular health, and performance

All peptide programs require initial wellness evaluation and follow-up visits (\$50) every 2-3 months or as needed while on therapy.

RECOVERY & REPAIR	CELLULAR ENERGY	GROWTH HORMONE SUPPORT
BPC-157: \$225 Supports tissue healing, gut repair, and inflammation recovery. Typical vial lasts approximately 4 weeks. GLOW STACK: \$300 GHK-Cu / BPC / TB-500 blend for recovery, skin support, and regenerative healing. Typical vial lasts approximately 4 weeks.	NAD+: \$250 Supports mitochondrial energy, focus, recovery, and cellular function. Typical vial lasts approximately 5 weeks. Dosing info: • Subcutaneous therapy • Most protocols are 5-7 days weekly • Duration varies by program	CJC-1295 / IPAMORELIN : \$325 Supports recovery, lean muscle maintenance, sleep quality, and growth hormone signaling. Typical vial lasts approximately 10-12 weeks. TESAMORELIN: \$525 Targeted support for visceral fat reduction and body composition. Typical program lasts 8 weeks.

SECTION

2

TESTOSTERONE OPTIMIZATION

A man with a beard and short hair, wearing a white tank top, is in a gym setting. He is holding two black dumbbells with both hands, arms extended forward, performing a shoulder press or similar exercise. The background shows gym equipment and large windows.

UNDERSTANDING TESTOSTERONE REPLACEMENT THERAPY

Testosterone is a hormone primarily produced in the testicles for men and the ovaries for women, though in much smaller amounts. It's crucial for male physical features like muscle strength, hair growth, and a deeper voice. Beyond physical appearance, testosterone helps maintain reproductive tissues, stimulate sperm production, boost libido, and support mood and energy levels.

Why is Testosterone Important?

Testosterone plays a key role in your overall health and well-being by:

- **Enhancing muscle mass and strength:** Important for maintaining mobility and independence as you age.
- **Supporting bone density:** Helps prevent osteoporosis, a condition that makes bones become brittle and weak.
- **Regulating mood:** Low levels of testosterone are often linked with fatigue, irritability, and depression.
- **Maintaining a healthy libido:** Testosterone levels naturally correlate with sexual desire and satisfaction.

Why Might You Need TRT?

You might need TRT if you have a condition called hypogonadism, where your body doesn't produce enough testosterone. **Symptoms of low testosterone can include:**

- Reduced libido and sexual function
- Increased body fat
- Reduced muscle mass
- Feelings of depression or lethargy
- Difficulty concentrating



TRT Injections: A Step-By-Step Guide

Preparation:

- **Consultation:** Your journey begins with a thorough consultation at T-Time Wellness Clinic, where we'll assess your symptoms, medical history, and conduct necessary tests to confirm if TRT is right for you.
- **Choosing the Medication:** We'll select the appropriate testosterone formulation based on your needs and lifestyle.

Performing the Injection:

- **Gather Supplies:** You'll need your testosterone medication, an alcohol wipe, a syringe, and a needle. The needle, syringe, and alcohol wipe are one time use only.
- **Preparation:** Wash your hands thoroughly. Use the alcohol wipe to clean the injection site (typically, the thigh or buttock) and the top of the medication bottle.
- **Drawing the Testosterone:** Draw air into the syringe equal to your dose. Pierce the bottle's rubber top with the needle and push the air in (this helps draw the medication). Invert the bottle and pull back the plunger to fill the syringe with your dose of testosterone. Be patient, this can take a minute to withdraw.
- **Injection:** Clean the injection site again if needed. We recommend using the shoulder muscle (deltoid) or outer thigh (quadricep) for injection sites. With the muscle relaxed, insert the needle in a quick, controlled motion at a 90 degree angle. Inject the testosterone slowly over 5-10 seconds, then remove the needle and apply gentle pressure with a clean swab.

Post Injection:

- Dispose of the needle safely in a sharps container.
- Monitor for any unusual symptoms and report them to your healthcare provider.

Storage:

- Store the medication according to the manufacturer's instructions, typically at room temperature away from light and moisture.

Follow-Up:

- Regular follow-ups are crucial to monitor your progress, adjust dosages, and ensure overall health and well-being. Your follow-up appointments will be quarterly and include a lab review if needed.

Conclusion:

Testosterone is a vital hormone for men and women's health, influencing everything from physical strength to mood. TRT injections, when administered correctly, can help those with low testosterone feel revitalized. At T-Time Wellness Clinic, we're dedicated to providing personalized care to optimize your health and well-being. If you have any questions or concerns about TRT, please don't hesitate to contact us via 972-961-3515 or your patient portal messaging.



Types of Injections

IM injections deliver testosterone into the muscle for steady absorption.

Common IM sites:

- Deltoid (upper arm/shoulder)
- Vastus Lateralis (outer thigh)
- Ventrogluteal / Glute (side hip/glute area)

Needle length:

- A 1-inch needle is standard for IM injections and is what I provide with your medication.
- It works for all the IM sites listed above.
- In patients with higher body fat (especially in the glute area), a longer needle (>1 inch) may occasionally be needed to ensure proper depth.

If you're unsure which site is best for you, text me anytime and I'll help you choose the right option.

Subcutaneous (SubQ)

- Injects testosterone just under the skin into the fatty tissue.
- Common injection sites:
 - Abdomen (belly fat, at least 2 inches away from the belly button)
 - Upper outer glute/hip area
- Uses a shorter, smaller needle (e.g., ½ inch).

UNDERSTANDING YOUR STARTING DOSE

How We Determine Your Protocol

We look at your symptoms, your history, and your labs together to determine the dose and frequency that will best suit you. There is no one-size-fits-all starting point — your protocol is individualized from day one.

Expect Adjustments

Your starting dose is rarely your final dose. As we get lab data back and hear how you're feeling, we make adjustments. Most men take 3-6 months to get fully dialed in — that's completely normal and expected. We're learning how your body responds, and we adjust accordingly.



Why We Move Gradually

- Your body needs time to adapt to rising hormone levels
- Moving too fast increases the likelihood of side effects
- Small adjustments over time lead to better long-term results than big swings early on
- Every adjustment is guided by both your labs and how you're actually feeling

Common Questions About Starting

- **"How long before I feel something?"**
 - Most men notice early changes within weeks 1-4. Full optimization takes 3-6 months. If that early surge fades around weeks 6-8 — that's normal and expected.
- **"What if I feel worse before I feel better?"**
 - Some men go through a brief adjustment period as their natural production winds down. It's temporary. If something feels off, reach out — don't wait until your next appointment.



Trust the process. The men who get the best results are the ones who stay consistent and communicate openly about how they're feeling at each step.

YOUR TRT YEAR ONE ROADMAP WITH T-TIME WELLNESS

How You Should Feel: Timeline of Changes

1 First Quarter (Months 1-3)

- Weeks 1-4: Honeymoon Phase: Euphoric boost in mood, energy, motivation. Better sleep and increased drive.
 - Normal for this to fade by weeks 6-8 as natural testosterone shuts down, this doesn't mean therapy is failing.
- Weeks 4-12: Libido and erectile function improve. Recovery times shorten. First strength and endurance changes appear.
 - First dose adjustment usually happens around week 9.

2 Second Quarter (Months 3-6)

- Energy and mood become steadier.
- Visible muscle gain and fat loss begin.
- Confidence and focus sharpen.
- Most men need another adjustment or two in this phase.

3 Third Quarter (Months 6-9)

- TRT "locks in" → consistent energy, stronger libido, better workouts.
- Mental clarity and productivity improve further.
- Many men feel optimized here; some may need one last adjustment.

4 Fourth Quarter (Months 9-12)

- Annual labs: CBC, CMP, Testosterone panel, Estradiol, Lipids, A1c, PSA
- Stable rhythm of energy, sleep, libido, and performance
- Comprehensive review + plan for Year 2

What You Get with T-Time

- All labs + follow-up visits included in your membership plan
- Direct access to your provider for questions via phone, text, or portal
- 2-4 dose adjustments are expected in the first year to get fully dialed in
- Comprehensive support with guidance on lifestyle, nutrition, and supplements

Labs & Follow-Up Schedule

- Initial: Baseline labs + consult
- Week 8-9: Labs + visit, first dose adjustment if needed
- Adjustments: Each new dose → repeat labs + visit in ~8-9 weeks
- Stable Patients: Labs + visits every 3 months
- Annual Labs: CBC, CMP, Testosterone panel, Estradiol, Lipids, A1c, Vitamin D, PSA

Hematocrit and Estradiol are checked at every lab to keep you safe, balanced, and optimized.



TRT IS NOT A MAGIC PILL — LIFESTYLE STILL MATTERS

TRT is a powerful amplifier — it makes everything you do more effective. But it cannot replace the fundamentals. The men who get the best results pair their protocol with these four pillars.

Sleep

- Aim for 7-9 hours of quality sleep per night
- Growth hormone is released during deep sleep — optimizing sleep compounds your results
- Poor sleep tanks energy, mood, and recovery even on TRT

Resistance Training

- TRT + resistance training = dramatically greater results than either alone
- Aim for 3-4 sessions per week of progressive overload
- Your body is now primed to build — take advantage of it

Nutrition

- Protein: 0.7-1g per pound of bodyweight — essential for muscle and recovery
- Healthy fats support hormone production (cholesterol is testosterone's raw material)
- Minimize alcohol: increases estrogen conversion, disrupts sleep, raises inflammation
- Anti-inflammatory, nutrient-dense eating supports everything in your protocol

Stress Management

- Chronic stress elevates cortisol, which directly opposes testosterone's effects
- Prioritize the basics: quality sleep, movement, relationships, and what restores you



TRT gives you the hormonal foundation. What you build on top of it is up to you.

MANAGING SIDE EFFECTS ON TRT



Acne & Oily Skin

Most common side effect. Related to DHT and sebum production. Twice-weekly dosing (our standard) minimizes it. Usually improves by months 3–6.



Water Retention / Bloating

Driven by estradiol and fluid shifts — typically self-limited in the first 1–3 months. Hydration, electrolytes, and lifestyle address most cases.



Mood Changes

Most often a peak-trough effect from infrequent dosing. Twice-weekly protocol at T-Time eliminates this for most patients before it starts.



Estrogen / E2 Elevation

Some E2 rise is expected and healthy. We focus on the T:E ratio and treat only when symptomatic — not just based on numbers.



Hair Changes

Two types: androgenic alopecia (genetic, accelerated by DHT) and telogen effluvium (temporary shedding from stress, GLP-1, or hormonal shifts). Each is managed differently — see dedicated pages below.



Testicular Atrophy

Normal result of LH suppression on TRT. Does not affect sexual performance. HCG is available as an optional add-on if this is a concern — see dedicated page.



Fertility

TRT suppresses sperm production. Options exist to preserve fertility. This conversation should happen before starting TRT if children are in your future.



Experiencing a side effect? Contact T-Time before changing anything on your own. Most have a simple fix — and stopping TRT abruptly is rarely the right answer.

ESTROGEN MANAGEMENT ON TRT: OUR APPROACH

Estradiol is widely misunderstood in men's health. At T-Time, we protect it — we do not aggressively suppress it.



Why E2 Rises on TRT

As testosterone levels increase, some converts to estradiol via aromatase. This is normal physiology — and it's a good thing. Approximately 50% of testosterone's benefits come from its metabolites, including estradiol.

Our Approach: T:E Ratio Over Absolute Number

Rather than treating an E2 number in isolation, we look at how estradiol is balanced relative to your testosterone. As T rises, some E2 rise is expected and appropriate. Context matters more than a single number.

Nipple Sensitivity

Mild nipple sensitivity when first starting TRT or after a dose change is common and transient — it resolves on its own within a few weeks. It is not gynecomastia. Contact us if it persists, significantly worsens, or you notice actual tissue growth.

First-Line: Lifestyle & Protocol

- All T-Time patients are recommended to use twice-weekly dosing — this naturally reduces E2 spikes
- Reduce alcohol, address body fat, prioritize sleep
- Mild, asymptomatic E2 elevation doesn't need treatment — allow the body to adjust

If Medication Is Needed

- We prefer Tamoxifen over anastrozole — it acts selectively at breast tissue without systemically suppressing E2 throughout the body, preserving the joint, mood, libido, and cardiovascular benefits estradiol provides



We will never crash your E2. Balance is the goal — not elimination.

ACNE ON TRT: WHY IT HAPPENS & WHAT TO DO

Acne is the most common side effect of TRT — but it's manageable and usually temporary.

Why It Happens

- Testosterone and DHT increase sebum production and keratinization
- Men with prior acne history are more susceptible
- Large T peaks worsen it — which is why twice-weekly dosing is our standard
- Usually appears in weeks 4-12 and often improves by months 3-6



Lifestyle & Skincare

- Shower daily, immediately after workouts when possible
- Use a salicylic acid body wash (e.g., CeraVe SA) + scrub brush on back and shoulders
- Change pillowcases weekly; change sweaty clothes immediately
- Avoid endocrine-disrupting chemicals in skincare and laundry products

Evidence-Based Supplements

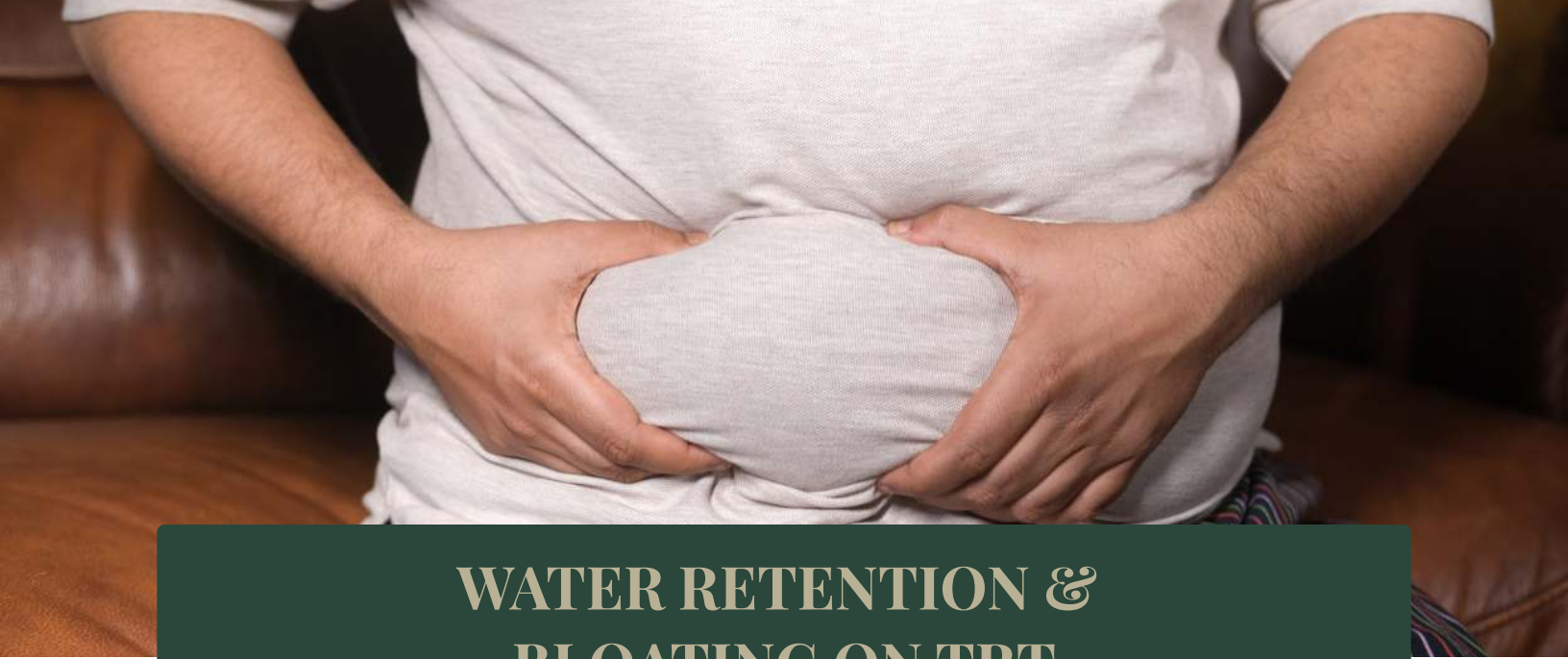
- **Zinc 30-50 mg:** Reduces 5-alpha reductase; pair with copper 2 mg for long-term use
- **Vitamin B5 / Pantothenic Acid 2,500-5,000 mg twice daily:** Reduces sebum production
- **Niacinamide B3 1,000 mg twice daily:** Anti-inflammatory skin support
- **Vitamin D3:** Optimize levels — supports skin barrier and immune regulation

Prescription Options If Needed

- Low-dose isotretinoin (10 mg daily) for resistant cases — effective at this dose without the severe side effects of higher doses
- Topical prescriptions as appropriate — contact us



Don't pick or squeeze — increases scarring. Tell your provider if acne is affecting your quality of life.



WATER RETENTION & BLOATING ON TRT

Feeling puffy in the first few months? Common, usually temporary, and very manageable.

Why It Happens

- Testosterone and elevated estradiol activate the RAAS system — kidneys retain more sodium and water
- Most common in months 1-3 as levels are adjusting; often resolves on its own

Interventions — Try These First

- Reduce sodium — processed and packaged foods are the biggest source
- Increase water intake — dehydration paradoxically signals the body to hold fluid
- Add electrolytes: potassium 1,000-2,000 mg/day, magnesium, LMNT packets
- Limit alcohol — increases E2 and worsens fluid retention

If Lifestyle Isn't Enough

- Twice-weekly dosing (already our standard) reduces E2 spikes and fluid retention
- If E2 is confirmed symptomatic: Tamoxifen may be considered
- Short-term diuretics for significant edema in appropriate patients

When to Contact Us

- Sudden, severe, or one-sided leg swelling — can indicate DVT, needs prompt evaluation
- Swelling with shortness of breath or chest pain — emergency care immediately



Mild water retention in months 1-3 is normal. Give your body time to adjust before we intervene.

MOOD SWINGS & IRRITABILITY ON TRT

Some men notice mood changes when starting TRT. Because T-Time uses twice-weekly dosing as standard, most patients never experience this significantly. Here's what to know.



The Peak-Trough Effect

With once-weekly injections, testosterone peaks 24-72 hours after the shot and falls to its lowest just before the next injection. This hormone rollercoaster can cause shifts in mood, energy, and libido throughout the week.

Why Twice-Weekly Dosing Solves It

All T-Time TRT patients inject twice weekly from the start. This significantly flattens the peak-trough curve — stable hormone levels day-to-day means stable mood day-to-day.

Other Possible Causes

- **Elevated estradiol** — emotional sensitivity
- **Subtherapeutic levels** — still functionally in low-T range
- **Poor sleep quality** — dramatically worsens mood



If you notice mood changes that track with your injection schedule, tell us. It's usually an easy adjustment.

HAIR LOSS & TRT: ANDROGENIC ALOPECIA (MALE PATTERN BALDNESS)

TRT does not cause male pattern baldness — but for men who are genetically predisposed, it can accelerate a process already written in their DNA.

What Is AGA?

Male pattern baldness is genetic hair loss driven by DHT. DHT causes genetically susceptible follicles to miniaturize over time — receding temples, thinning crown. Without intervention, follicle damage is permanent.



Does TRT Cause It?

- TRT does not cause AGA — but can accelerate it in genetically predisposed men
- Men without genetic predisposition rarely see significant scalp hair loss on TRT
- If MPB runs in your family, early intervention is key

Our Approach — No Finasteride or Dutasteride

We avoid finasteride and dutasteride due to the risk of Post-Finasteride Syndrome (PFS): persistent mood changes, low libido, gut inflammation, and hormonal disruption. Instead:

- **Minoxidil (topical or oral):** Stimulates follicle activity — widely used and effective
- **Ketoconazole shampoo:** Mild DHT blocker at the scalp; anti-inflammatory
- **Zinc 30–50 mg:** Reduces 5-alpha reductase and supports follicle health
- **Vitamin D optimization:** Low Vitamin D is directly associated with hair loss
- **Pumpkin seed oil:** Evidence supports modest DHT-blocking and hair-preserving effects



Tell us at or before your first visit if hair loss is a concern. Early intervention gives the best results.



HAIR SHEDDING: TELOGEN EFFLUVIUM — IS THIS YOU?

Sudden, diffuse hair shedding can be alarming — but telogen effluvium is temporary, reversible, and completely different from male pattern baldness. The follicles are healthy. The hair comes back.

What Causes It?

When the body experiences a significant stressor, a larger-than-normal number of hairs shift into the shedding phase at once. The follicles stay intact.

- **GLP-1 medications and significant rapid weight loss** — among the most common triggers; well-documented and expected during active weight loss phases
- **Sudden physiological stressors:** major illness, surgery, nutritional deficiency
- **Significant hormonal shifts** — can occur as the body adjusts in the early months of any new hormone protocol

How It Differs from MPB

- **Diffuse shedding across the whole scalp** — not just temples or crown
- **Follicles are alive and intact** — the hair will regrow
- Typically resolves within 3–6 months

What Helps

- **Vitamin D optimization:** Low levels directly linked to hair cycle disruption — get tested
- **Zinc 30-50 mg/day:** Supports follicle health
- **Ketoconazole shampoo:** Scalp anti-inflammatory support
- **Pumpkin seed oil:** Supports hair cycle regulation
- **If weight-loss related:** prioritize adequate protein (0.7-1g/lb) and healthy fats — nutrition is the most modifiable driver during active weight loss



Telogen effluvium during GLP-1 or early hormone therapy is expected and temporary. Optimize Vitamin D, Zinc, protein, and scalp health — the hair returns.

TESTICULAR ATROPHY ON TRT

Testicular atrophy is a common and expected change that comes with TRT. Here's the straightforward picture.



Why It Happens

When exogenous testosterone is introduced, your brain detects sufficient levels and reduces its LH signal to the testicles — they're no longer needed for production. Less stimulation means a gradual reduction in size, typically 20–30%. This is not a sign that something is wrong.

Does It Affect Sexual Performance?

No. Testicular size has no bearing on erectile function, libido, or sexual performance. For most men, this change is largely cosmetic.

Your Options

Most men are not bothered by the change and choose not to address it. If testicular atrophy is something that concerns you — whether for cosmetic reasons or because fertility is on your radar — HCG is an available add-on to your protocol.

- HCG mimics LH and keeps the testicles stimulated while on TRT
- Maintenance dose: 250–500 IU subcutaneously twice weekly
- Available as an add-on — ask your provider about adding it and associated costs
- For fertility specifically, see the Fertility Preservation page



Most men choose not to use HCG and are completely fine with that decision. It's there if you want it — not something you have to do.

FERTILITY PRESERVATION ON TRT

TRT significantly reduces sperm production. If fathering children is important to you — now or in the future — this conversation needs to happen before you start.

How TRT Affects Fertility

- Testosterone suppresses LH and FSH — the hormones that drive sperm production
- Sperm counts can drop substantially within 3–6 months of starting TRT
- Reversible in most men with proper management — but recovery takes time

Option 1: HCG (On TRT, Want to Preserve Fertility)

- Mimics LH and keeps testicles producing sperm while on TRT
- Fertility support dose: 500 IU subcutaneously 2–3 times per week
- Semen analysis can monitor response every 3–4 months
- Available as an add-on to your protocol — ask about cost

Option 2: Enclomiphene (Not Ready for TRT)

Enclomiphene stimulates the body's own LH and FSH production — raising testosterone naturally while preserving fertility. Used as a standalone option for men not yet on TRT who want to optimize without suppressing their axis.

- Dose: 25 mg daily
- NOT combined with TRT — exogenous testosterone suppresses LH/FSH regardless, making enclomiphene ineffective in that context

Option 3: Sperm Banking

- Cryopreservation before starting TRT — frozen sperm remain viable for years
- Best insurance policy if future fertility is important to you

Already on TRT and Want Children?

Contact us. Recovery is possible in most cases. We can implement HCG alongside TRT or transition protocols to help restore sperm production.



Early planning gives you the most options. Have this conversation with us before you start — not after.

YOUR GUIDE TO OPTIMIZING TESTOSTERONE & HEALTH



Troubleshooting

- Acne / oily skin → often improves after 6-12 months.
- Testicular shrinkage → normal, not dangerous, preventable with HCG if desired.
- Mood swings → usually linked to estradiol balance, not testosterone itself.

Lab-Driven Issues (monitored every panel):

- High Hematocrit (HCT >54%) → may require blood donation, dose adjustment, or frequency change.
- Estradiol (E2) → balance is key.
 - Too high → nipple sensitivity, bloating, mood swings
 - Too low → low libido, joint pain, depression
- Target ratio: Testosterone : Estradiol $\approx$ 20-30:1
- Outdated bodybuilding protocols pushed “over-suppression” of estrogen — this is no longer considered safe or necessary.



FAQs & Myths

“Why don’t I feel 100% yet?”

TRT takes 3-12 months to fully optimize. Most men need 2-4 adjustments in Year One.

“Will TRT cause prostate cancer?”

No. Studies show TRT does not increase risk. PSA is checked initially and annually for safety.

“Will TRT affect fertility?”

Yes. We can protect sperm production with HCG if fertility is a priority or there are other options, ask about enclomiphene.

“Is estrogen bad?”

No. Estradiol is vital for mood, libido, and bone health. We manage balance, not suppression.

“Do I need to donate blood?”

Not always. Hematocrit is monitored every panel. Only if levels rise above 54% would we recommend donation.



Lifestyle: Optimize Your Results

Lifestyle is the multiplier — the more you put in here, the more TRT can deliver.

- **Protein-forward diet** → supports lean mass
- **Strength training** → 3-4x weekly for maximum benefit
- **Cardio** → heart health + fat loss
- **Hydration & sleep** → critical for hormone balance
- **Limit alcohol & processed foods** → reduces inflammation + estrogen conversion
- **Smart supplements** (discuss with provider): Vitamin D, Omega-3s, Creatine, DHEA if low.

The T-Time Difference

- All labs + follow-ups included
- Direct access for questions
- Step-by-step optimization until you’re dialed in

TRT is about the long game. Stay consistent, and results will follow.

When to Contact Us

Reach out right away if you notice:

- Sudden swelling in legs/ankles
- Shortness of breath or chest pain
- Severe acne flare that’s unmanageable
- Mood changes that feel extreme (rage, depression, anxiety beyond normal adjustment)
- Signs of gynecomastia (persistent breast swelling or pain)
- Any new or concerning symptoms you’re unsure about

Call/text 972-961-3515 or send a message through the patient portal.

SECTION

3

PEPTIDES & GLP-1 MEDICATIONS



WHAT ARE PEPTIDES? A PATIENT'S INTRODUCTION

Peptides are one of the most powerful tools in modern wellness medicine. Here's what they are, how they work, and what you can realistically expect.

The Simple Version

Peptides are short chains of amino acids — the building blocks of proteins. Your body naturally produces hundreds of peptides that act as precision signaling molecules, telling your cells and tissues what to do. The peptides we use at T-Time are identical or closely similar to ones your body already makes — delivered in targeted doses for specific benefits.

How They Work

- Bind to specific receptors and trigger targeted biological responses
- Work by stimulating your body's own natural processes — not overriding them
- Generally well-tolerated with a strong safety profile

Common Peptides at T-Time

- **Growth Hormone Peptides (Sermorelin, CJC-1295, Ipamorelin):** Stimulate natural GH release — support fat loss, muscle, sleep, and recovery

- **BPC-157 (Body Protection Compound):** Accelerates healing of tendons, ligaments, joints, and gut tissue
- **PT-141 (Bremelanotide):** Activates brain receptors to support libido and sexual function
- **TB-500:** Promotes tissue repair, reduces inflammation, supports recovery
- **GLP-1 Receptor Agonists (compounded semaglutide / tirzepatide):** In the peptide family — regulate appetite, blood sugar, and metabolic health. See the dedicated GLP-1 section.

Realistic Expectations

- 4-12 weeks for full benefit — not overnight results
- Results are cumulative and build over time
- Work best alongside consistent sleep, training, and nutrition



Think of peptides as precision tools that work with your biology. Consistency and patience are the key ingredients.

YOUR GUIDE TO GLP-1 MEDICATIONS

GLP-1 receptor agonists are a powerful tool for metabolic health and weight management. Here's what you need to know about your compounded GLP-1 medication.



What Is a GLP-1 Medication?

GLP-1 is a natural hormone your gut releases after eating — it signals fullness, slows gastric emptying, and regulates blood sugar. GLP-1 receptor agonists mimic this hormone in a sustained, therapeutic way.

- Reduces appetite and 'food noise' — the constant mental preoccupation with eating
- Slows gastric emptying — you feel full longer
- Improves insulin sensitivity and blood sugar regulation
- Supports meaningful, sustained weight loss when paired with the right lifestyle habits

How It's Given

- Weekly subcutaneous (SubQ) injection — belly fat, love handles, or outer thigh
- Some patients report reduced nausea when injecting into the back of the arm (tricep area) — worth trying if nausea is a persistent issue for you
- 30-31g insulin syringe, 50un or 100un based on your dose
- See the SubQ Injection Technique section for step-by-step instructions
- **Timing tip:** If weekend eating is your biggest challenge, consider dosing on Thursday or Friday so GLP-1 is at peak effect over the weekend.

The Three Non-Negotiables

GLP-1 works best — and safely — when paired with these three habits:

- **PROTEIN:** Aim for 0.7-1g per pound of bodyweight daily. GLP-1 suppresses your overall appetite, so you have to be intentional about protein. Without it, you lose muscle, not just fat.
- **WATER:** Dehydration significantly worsens nausea and constipation on GLP-1. Aim for 64-80 oz of water daily. Add electrolytes as needed.
- **RESISTANCE EXERCISE:** Ensures the caloric deficit comes from fat — not muscle. 3-4 sessions per week. This is what makes results last.

Common Side Effects

- **Nausea:** Most common early on. Smaller meals, hydration, avoiding greasy foods. Improves within 2-4 weeks for most patients.
- **Constipation:** Increase water and fiber. Movement helps. Contact us if severe.
- **Fatigue:** Usually early and temporary. Prioritize sleep and protein.
- **Hair shedding (TE):** Common with rapid weight loss — see the Telogen Effluvium page.

Dose Titration

- We start low and increase gradually — this minimizes side effects
- Do not adjust your dose without consulting T-Time first



GLP-1 changes your hormonal relationship with hunger. Protein, water, and exercise are what make the results stick.



PEPTIDE TIMING & DOSING

When you inject matters almost as much as what you inject. Here's how to time your doses for maximum effectiveness.

General Rules

- Inject on an empty stomach when possible — food (especially carbs and fat) blunts hormonal response
- Wait at least 2 hours after eating before injecting growth hormone peptides
- Avoid eating for 30–60 minutes after injecting
- Stay well hydrated
- Set a phone alarm labeled with your peptide name — regularly skipping doses significantly reduces results



GROWTH HORMONE PEPTIDES (Sermorelin, CJC-1295, Ipamorelin)

Stimulates natural GH release — supports fat loss, muscle, sleep, and recovery.

- Best time: Bedtime, 30–60 minutes before sleep on an empty stomach
- Second dose if twice daily: upon waking or pre-workout, fasted
- Avoid injecting around high-carb meals — insulin blunts GH release

BPC-157 (Body Protection Compound)

Accelerates healing of tendons, ligaments, joints, and gut tissue.

- Timing is flexible — less dependent on fasting than GH peptides
- For localized healing: inject near the injury site when possible
- Most common: twice daily during active healing phases

PT-141 (Bremelanotide)

Supports libido and sexual arousal by activating brain receptors — not blood flow.

- Inject 30–60 minutes before desired effect
- Effects last 6–12 hours
- Start low — nausea is the most common side effect at higher doses
- Use as needed, no more than once every 48–72 hours



Your provider will give you specific timing for your protocol. When in doubt, message us through the portal or text.

PEPTIDE INJECTIONS: COMMON SIDE EFFECTS & FIXES

Most peptide injection side effects are mild and technique-related — a simple adjustment usually solves them.



Burning or Stinging

- **Cause:** Alcohol not fully dry, injecting too fast, or cold medication
- **Fix:** Let alcohol dry 15–20 seconds; inject slowly; bring medication to room temperature first

Redness at the Site

- **Cause:** Normal mild immune response
- **Fix:** Resolves within 30 minutes; rotate sites; ensure alcohol is fully dry
- **Contact us if:** Redness spreads, worsens over hours, or comes with fever

Lump or Bump at the Site

- **Cause:** Medication pooling in SubQ layer — common and harmless
- **Fix:** Gently massage after injection; inject more slowly; rotate sites
- Bruising
- **Fix:** Apply gentle pressure immediately; do not rub; rotate sites

Itching

- **Cause:** Mild histamine response
- **Fix:** Usually self-limited; OTC antihistamine cream can help



Contact us if you experience: spreading redness with fever, significant swelling, pus, or pain worsening after 24 hours — these may indicate infection.



PEPTIDE STORAGE, HANDLING & TRAVEL TIPS

Peptides are sensitive. Improper storage degrades them before you inject — wasting your protocol and your money.

Before Reconstitution (Powder Form)

- Refrigerate (preferred) or freeze for long-term storage
- Keep away from light — UV degrades peptides
- Stable for 12-24 months when stored properly

After Reconstitution (Liquid)

- Refrigerate immediately at 36–46°F (2–8°C)
- Never freeze a reconstituted peptide — destroys the molecule
- Use within 28–30 days of mixing
- Keep away from light

Traveling With Peptides

- Purchase a peptide travel kit on Amazon — insulated cases keep vials cold for 24–48+ hours
- Powder form travels better — reconstitute at destination when possible
- Flying: Keep medication in carry-on (cargo temperatures are extreme)
- T-Time can provide a medical travel letter for TSA if needed — ask before your trip



When in doubt, throw it out. A degraded peptide is just a missed dose you didn't know about.

HOW TO RECONSTITUTE YOUR PEPTIDE



Most peptides at T-Time arrive already reconstituted and ready to use. If you receive a powder vial, here's how to mix it.

What You'll Need

- Peptide vial (powder), bacteriostatic water vial, syringe with needle, alcohol pads x2
- Your dosing instructions from your provider

Step-by-Step

1. Wipe both vial tops with alcohol pads — let dry
2. Draw prescribed volume of bacteriostatic water (typically 1-2 mL)
3. Insert needle into peptide vial — angle so water runs down the SIDE, not directly onto the powder
4. Inject slowly — do not force or squirt onto powder
5. Gently swirl until fully dissolved and clear — do NOT shake
6. Label immediately: name, date mixed, concentration, expiration (28-30 days)
7. Refrigerate immediately



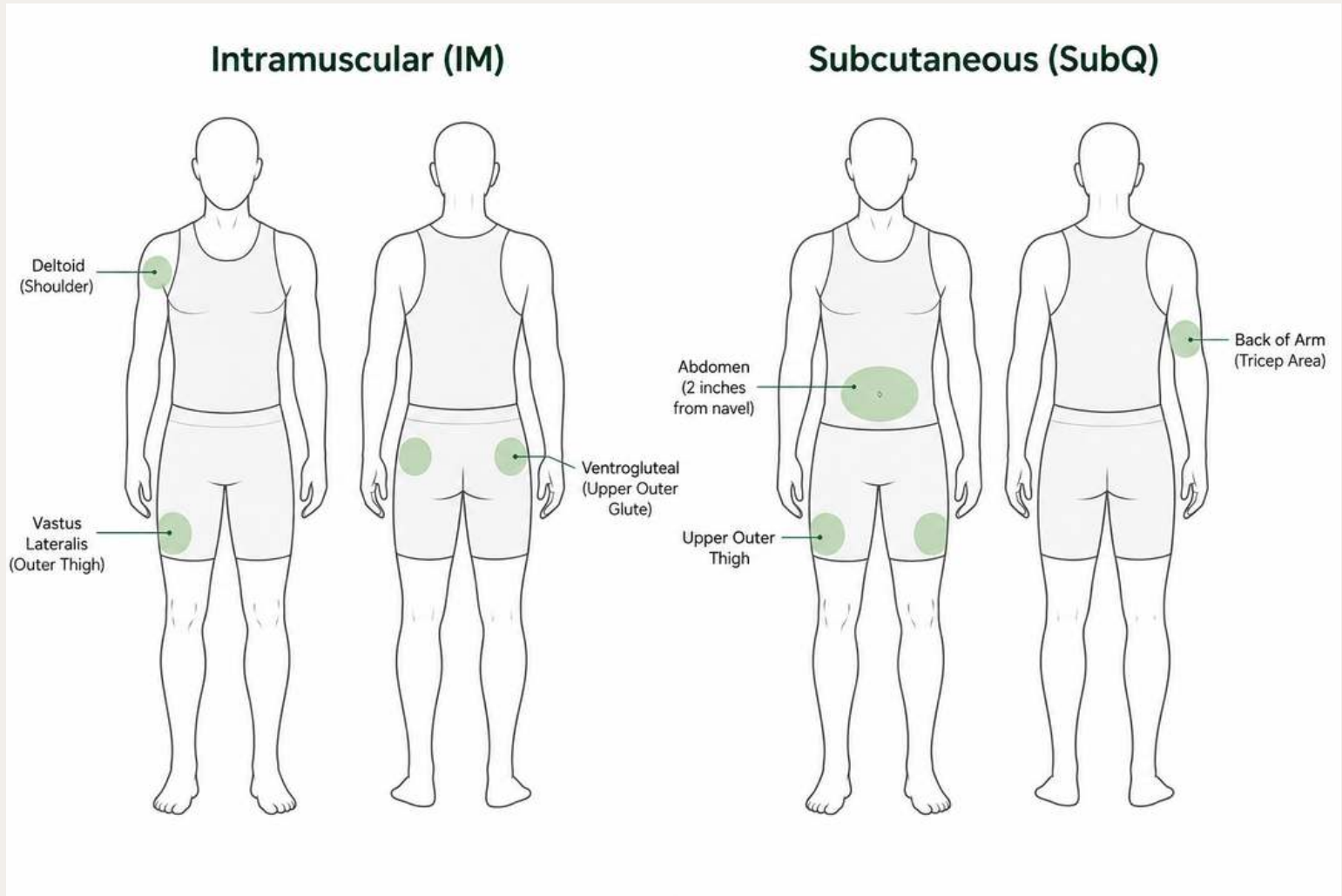
Write the mix date on the vial the moment you reconstitute it. 30 days goes by fast.

SECTION

4

YOUR INJECTIONS

INJECTION SITES



Choosing Your Injection Site

- Site selection comes down to personal preference and comfort. Start with what feels most approachable – most patients begin with the deltoid or outer thigh.
- For IM injections, we use a standard 1-inch needle for the deltoid and thigh. If you prefer the glute and have experience injecting there, let us know – we'll provide a 1.5-inch needle to ensure proper depth.

HOW TO GIVE A SUBQ INJECTION (PEPTIDES, GLP-1 & HCG)

SubQ injections are given into the fat layer just under the skin. With the right technique they are nearly painless and straightforward to do at home.

Your Supplies

- Peptides / GLP-1 / HCG: 30-31g insulin syringe, 0.5-1 mL based on your dose
- Alcohol pads + sharps container

Step-by-Step

1. Wash hands thoroughly
2. Wipe the vial top with an alcohol pad — let dry
3. Draw your prescribed dose into the insulin syringe
4. Choose your site: belly (1-2" from navel), love handles, outer thigh fat, or back of arm (tricep area)
5. Clean skin with an alcohol pad — let dry fully (15-20 seconds)
6. Pinch a fold of skin and fat between your fingers
7. Insert needle at a 45° angle in one quick, smooth motion
8. Release the skin pinch
9. Inject slowly and steadily
10. Remove needle, apply light pressure — do not rub
11. Dispose in sharps container



GLP-1 Nausea Tip

Some patients find that injecting into the back of the arm (tricep area) helps reduce nausea compared to the abdomen. If nausea is consistently a problem for you, it's worth trying.



Tips for Comfort

- Let alcohol dry completely before injecting — wet alcohol burns
- Room-temperature medication is more comfortable than cold
- Inject slowly — fast injection causes more stinging



SubQ injections should be nearly painless. Significant burning usually means the alcohol wasn't dry or the injection was too fast.

SUPPLIES, NEEDLES & SITE ROTATION — QUICK REFERENCE

Everything in one place: what's in your kit, which needle goes with which medication, and how to rotate your sites.

What Comes With Your Medication

- **Testosterone IM Kit:** 1 cc luer-lock syringes | 21g draw needles | 25g 1" injection needles | Alcohol pads
- **Testosterone SubQ Kit:** 1 cc luer-lock syringes | 21g draw needles | 27g ½" injection needles | Alcohol pads
- **Peptide Kit:** 20 insulin syringes (30–31g, 0.5–1 mL per SIG) | 20 alcohol pads
- **GLP-1 Kit:** 10 insulin syringes (30–31g, 0.5–1 mL per SIG) | 10 alcohol pads

Needle Quick Reference

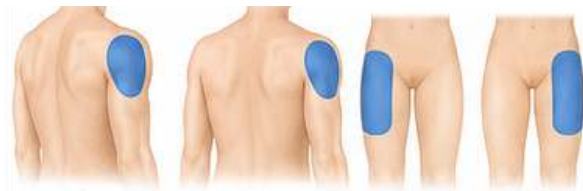
- **Testosterone IM:** Draw with 21g → swap to 25g 1" (standard) or 27g ½" (shallow technique) | 1 cc luer-lock syringe
- **Testosterone SubQ:** Draw with 21g → swap to 27g ½" | 1 cc luer-lock syringe
- **Peptides / GLP-1 / HCG:** 30–31g insulin syringe — draw and inject with same syringe, no swap needed

Storage Quick Reference

- **Testosterone cypionate:** Room temperature, away from light and heat
- **Peptides** — powder: Refrigerate or freeze
- **Peptides** — reconstituted: Refrigerate only; use within 28–30 days; do NOT freeze
- **GLP-1 medications:** Refrigerate; bring to room temperature before injecting

Site Rotation — IM (Testosterone)

- Right deltoid → Left deltoid → Right outer thigh → Left outer thigh → repeat
- Give each site at least one week before returning



Site Rotation — SubQ (Peptides, GLP-1, HCG)

- Rotate through 4 abdominal quadrants clockwise; vary exact spot within each quadrant
- Love handles: alternate left and right
- Back of arm (GLP-1): alternate left and right



Needles & Sharps

- Always use a proper sharps container, or recap needles and drop into a sealed can, water bottle, or sturdy box at home
- Never dispose of loose, uncapped needles in household trash



Supplies missing or running low? Text or message before you run out — 972-961-3515.

SECTION

5

UNDERSTANDING YOUR LABS

UNDERSTANDING YOUR TESTOSTERONE LABS

Your lab results are a tool — not the goal. Here's what each marker means and how we use the full picture together.



Total Testosterone

- **What it is:** Total amount of testosterone in your blood — bound and free combined
- **Optimal on TRT:** 800-1,200 ng/dL — though optimal is wherever YOU feel your best
- **Key point:** A starting reference, not the most important number

Free Testosterone

- **What it is:** The biologically active testosterone your cells can actually use
- **Optimal:** 200-300 pg/mL — also reported as 20-30 ng/dL depending on the lab (same value, different units)
- **Key point:** This is the most important marker for how you feel. High Total T with low Free T still means symptoms. SHBG is what drives this difference.

Estradiol (E2) & the T:E Ratio

- **What it is:** Estrogen — men need it. Formed naturally from testosterone.
- **Key point:** We look at the ratio of testosterone to estradiol, not E2 in isolation. As T rises, some E2 rise is expected and appropriate.
- **E2 supports:** libido, mood, bone density, cardiovascular health, joint lubrication

SHBG (Sex Hormone Binding Globulin)

- **What it is:** A protein that binds testosterone and makes it unavailable
- **Optimal:** 25-30 nmol/L
- **Key point:** High SHBG = lower Free T even when Total T looks normal

Other Key Markers

- **Hematocrit:** Red blood cell percentage — monitored to protect cardiac health on TRT
- **PSA:** Prostate marker — baseline and annual monitoring
- **CBC, CMP, Lipids:** General metabolic health screening



We treat YOU, not your labs. Your symptoms, energy, libido, and quality of life are the real targets.



WHY LAB TIMING MATTERS

Drawing labs at the wrong time gives us inaccurate data — and can lead to unnecessary protocol changes. Here's exactly how T-Time does it.

T-Time Standard: Trough Draw

We draw labs at TROUGH — on the day of your next injection, before you administer it. This captures your lowest level of the week and gives the most consistent, comparable baseline for monitoring over time.

- Lab day = injection day, always BEFORE your shot
- Example: Inject Monday and Thursday → draw labs on Monday morning before your shot
- Draw between 7:00-10:00 AM — testosterone follows a natural diurnal rhythm

Why Trough?

- Most reproducible and consistent point to compare across visits
- If you feel great at trough, your protocol is solid — your floor is strong
- Drawing at peak inflates numbers and can lead to unnecessary dose reductions

Hydration Matters

- Drink 2-3 full glasses of water before your draw
- Dehydration falsely elevates hematocrit, hemoglobin, creatinine, and lipids

Always Note Your Last Injection Time

Before every lab draw, note the date and time of your last injection. Your provider needs this to interpret results accurately.



Consistent timing = consistent data. Trough, morning, hydrated — every time.

WHAT TO EXPECT AT YOUR FOLLOW-UP LABS & APPOINTMENTS

Follow-up labs confirm your protocol is working and guide our adjustments. Here's what to expect and how T-Time manages your ongoing care.

When Do I Get Follow-Up Labs?

- **First follow-up:** 10-12 weeks after starting TRT — allows levels to fully stabilize before we assess and adjust
- **T-Time will reach out 1-2 weeks** before labs and your follow-up are due
- **For TRT members:** follow-up visits are included in your membership
- **Ongoing maintenance:** Every 3-6 months once dialed in
- **Annual comprehensive panel:** Yearly (full hormone panel, PSA, CBC, CMP, lipids)

What We're Looking At

- **Total T & Free T:** Are levels therapeutic? Do they match how you feel?
- **T:E Ratio:** Is estradiol appropriately balanced with your testosterone?
- **SHBG:** Explains Free T availability
- **Hematocrit:** Cardiac health
- **PSA:** Prostate monitoring
- **CBC / CMP:** Kidneys, liver, metabolic health

What Might Change?

- Dose adjustment up or down based on labs and how you feel
- Nothing — if everything looks great and you feel great, we leave it alone
- Add-on therapies (HCG, peptides, DHEA) if appropriate



T-Time is proactive. You won't have to track your schedule — we'll reach out when it's time.

UNDERSTANDING ESTRADIOL (E₂) ON TRT

Estradiol is widely misunderstood in men's health. At T-Time, we protect it — we do not aggressively suppress it.



Why Men Need Estrogen

- Libido and sexual function — low E₂ kills sex drive as effectively as low T
- Mood stability and cognitive function
- Bone density, cardiovascular health, and joint lubrication

Approximately 50% of testosterone's benefits come from its metabolites — estradiol and DHT. Blocking either negates half of what TRT does for you.

Our Approach: T:E Ratio Over Absolute Number

We look at how estradiol is balanced relative to your testosterone — not an isolated number. A man with T of 1,000 ng/dL will naturally have higher E₂ than a man at 500 ng/dL, and that's appropriate.

Nipple Sensitivity at the Start

Mild nipple sensitivity when first starting TRT or after a dose change is common and transient — resolves within a few weeks. It is not gynecomastia. Contact us if it persists, significantly worsens, or you notice actual breast tissue growth.

When We Consider Treatment

- Lifestyle first: reduce alcohol, address body fat, prioritize sleep
- Twice-weekly dosing (our standard) naturally reduces E₂ spikes
- If medication needed: we prefer Tamoxifen — acts selectively at breast tissue without systemically suppressing E₂



We will never crash your E₂. Balance is the goal — not elimination.



HEMATOCRIT ON TRT: WHAT YOU NEED TO KNOW

Hematocrit is one of the most commonly misunderstood lab values in TRT. Here's the accurate, evidence-based picture.

What Is Hematocrit?

Hematocrit measures the percentage of your blood made up of red blood cells. Testosterone stimulates EPO, which tells bone marrow to produce more RBCs. This is a normal, adaptive physiological response — similar to what occurs naturally at high altitude.

The Truth About TRT and Clot / Stroke Risk

- There is no documented case of a clot or stroke caused by TRT-related elevated hematocrit
- TRT does NOT affect platelets — and it is dysfunctional platelets that actually drive clot and stroke formation, not elevated RBCs
- The FDA has removed the black box warning for thrombotic events on testosterone products
- No randomized controlled trial has linked TRT to increased clotting risk from elevated hematocrit

Why Do We Still Monitor It?

Very high hematocrit makes blood thicker and harder for the heart to pump, creating unnecessary cardiac strain. That's the real reason we watch it — not clot risk.

Management If It Rises

- Twice-weekly dosing (already our standard) reduces testosterone peaks that drive erythropoiesis
- Stay well hydrated, especially before labs — dehydration falsely elevates hematocrit readings
- Address sleep apnea if present — untreated OSA independently drives RBC production
- Therapeutic phlebotomy or blood donation is available if needed — but not routinely required and should not be overused, as it can cause iron deficiency



If your PCP is concerned about your hematocrit on TRT, have them contact T-Time. We're happy to discuss the evidence with them.

SECTION

6

STAY CONNECTED

GLOSSARY OF KEY TERMS

New to hormone optimization? Here's a plain-language reference for terms you'll encounter at T-Time.

Hormone & Lab Terms

- **Total Testosterone:** Total testosterone in your blood — bound and free combined.
- **Free Testosterone:** The biologically active portion your cells can actually use. Reported as 200–300 pg/mL or 20–30 ng/dL (same value, different units depending on the lab).
- **SHBG (Sex Hormone Binding Globulin):** A protein that binds testosterone and makes it unavailable. High SHBG = lower Free T even with normal Total T.
- **Estradiol (E2):** The most potent estrogen. Men need it — it supports libido, mood, bone density, cardiovascular health, and joint function.
- **T:E Ratio:** The balance between testosterone and estradiol. More clinically meaningful than an absolute E2 number alone.
- **DHT (Dihydrotestosterone):** A potent androgen derived from testosterone via 5-alpha reductase. Involved in scalp hair loss in genetically predisposed men — but also essential for energy, drive, and mood.
- **LH (Luteinizing Hormone):** Pituitary hormone that signals the testes to produce testosterone.
- **FSH (Follicle Stimulating Hormone):** Pituitary hormone that drives sperm production.
- **Hematocrit:** Percentage of blood made up of red blood cells. Monitored on TRT to protect cardiac health.
- **PSA (Prostate-Specific Antigen):** Prostate marker monitored at baseline and annually on TRT.
- **Trough:** Your lowest hormone level of the dosing cycle — drawn on injection day before administering your shot.
- **Diurnal Rhythm:** The natural daily fluctuation of hormones. Testosterone is highest in the early morning — why we draw labs between 7–10 AM.

Treatment Terms

- **TRT (Testosterone Replacement Therapy):** Therapeutic administration of testosterone to restore optimal levels.
- **Aromatization:** The conversion of testosterone to estradiol via the aromatase enzyme. A normal physiological process that increases with TRT.
- **Titration:** Gradually adjusting your dose in small increments based on labs and symptoms.
- **HCG (Human Chorionic Gonadotropin):** A hormone that mimics LH, keeping the testicles active and functional on TRT.
- **Enclomiphene:** A SERM that stimulates the body's own LH/FSH production. Used as a standalone TRT alternative for men wanting to preserve fertility.
- **Erythrocytosis:** Elevated red blood cell production — a normal adaptive response to TRT, not a disease.
- **SubQ (Subcutaneous):** Injection into the fat layer just under the skin. Used for peptides, GLP-1, and HCG.
- **IM (Intramuscular):** Injection into muscle tissue. Used for testosterone cypionate.
- **Peptide:** Short chains of amino acids that act as signaling molecules to stimulate specific biological processes.
- **GLP-1:** A natural gut hormone regulating appetite and blood sugar. GLP-1 receptor agonists (compounded semaglutide/tirzepatide) mimic it therapeutically.
- **Luer-Lock:** A syringe connection that locks the needle securely in place — used for testosterone to prevent leakage of thick oil.



Don't see a term here? Message us — we're happy to explain anything.

WHEN TO CONTACT T-TIME: RED FLAGS & URGENT SYMPTOMS

Most side effects are manageable and non-urgent. Some require prompt attention. Know the difference.



Contact T-Time Within 24–48 Hours

- Injection site infection: spreading redness, warmth, pus, or fever
- Significant mood changes: severe depression, rage, or emotional instability that persists
- Nipple tenderness that persists, worsens, or is associated with actual tissue growth
- New or worsening urinary symptoms: difficulty urinating, weak stream, frequent urgency
- Persistent headaches, facial flushing, or dizziness on TRT

Go to the ER or Call 911

- Chest pain or pressure
- Shortness of breath at rest
- Sudden one-sided leg swelling, warmth, or pain — possible DVT
- Stroke symptoms: facial drooping, arm weakness, slurred speech, sudden severe headache
- Severe allergic reaction after injection: throat swelling, difficulty breathing, hive

Normal — No Need to Worry

- Mild injection site soreness for 1–2 days
- Minor water retention in the first few weeks
- Temporary hair shedding, especially on GLP-1
- Mild nausea in the first few weeks of GLP-1
- Transient nipple sensitivity when first starting TRT

How to Reach Us

- Text / Call: 972-961-3515
- Prospyrr portal: For HIPAA-compliant secure messaging
- Website: ttimewellness.com



When in doubt, reach out. We would always rather hear from you early.

REFER A FRIEND — YOU BOTH WIN

Love your T-Time experience? Share it. When a friend or family member signs up for a T-Time membership (TRT program), you each receive a \$50 credit added to your account.

HOW IT WORKS



Share T-Time Wellness with someone who could benefit



They mention your name when they sign up for a TRT membership



You each receive a \$50 credit applied to your T-Time account



No limit on referrals

You already know how much better you feel. Give someone else the same opportunity.

\$50 credit for you. **\$50** credit for them.
Just have them mention your name at sign-up.

WE'D LOVE TO HEAR FROM YOU

If T-Time Wellness has made a difference in how you feel, we'd be incredibly grateful if you shared your experience. Reviews help other people find the care they need — and they mean a lot to a small, independent clinic.



Leave Us a Google Review

Scan the QR code below to go directly to our Google review page. It takes less than 2 minutes.

Scan to leave a Google review — thank you!



Follow Us on Instagram

@ttimewellnessclinic — follow for wellness tips, TRT education, patient highlights, and updates.



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*Thank you for trusting T-Time Wellness with your care.
We're honored to be part of your journey.*