Provider Visit Kit

FREE BONUS 4 · THE HCG ADVANTAGE BY NELSON VERGEL

What to bring, what to ask and which published sources to show when you raise hCG with a doctor (Chapter 23).

Bring with you

- ☐ Prior lab results, with dates
- ☐ Current medications and supplements, with doses
- ☐ A short timeline of your symptoms
- ☐ Your specific questions about hCG

Questions that show how much a doctor knows about hCG

- ☐ What lab tests do you order at baseline before starting hCG?
- ☐ How do you monitor estradiol in men on androgen therapy, and which assay do you use?
- ☐ What is your approach to fertility preservation for men of reproductive age starting testosterone?
- ☐ How do you decide on hCG injection frequency?
- ☐ Do you prescribe hCG for secondary hypogonadism and fertility preservation, and what does your monitoring include?

These are not a quiz. A good partner engages with the nuances. A doctor who gets defensive or dismisses the questions is probably not the right fit for hCG therapy.

Published sources to show a skeptical doctor

Source	What it shows
Endocrine Society Clinical Practice Guideline on male hypogonadism (Bhasin et al., 2018)	Acknowledges hCG as an appropriate option for men with secondary hypogonadism who want to preserve fertility or avoid testosterone.
American Urological Association guidelines	Acknowledge hCG's role in preserving male fertility.
Coviello et al., 2004, Journal of Clinical Endocrinology and Metabolism	hCG with TRT restored testosterone inside the testicles to near-normal; TRT alone cut it to about 25% of normal.
Hsieh et al., 2013	Men on TRT plus hCG had substantially better semen results than men on TRT alone.
Chapter 13 of the book	The prostate-safety evidence, for doctors whose main concern is the prostate.

Red flags in a provider or telehealth platform

Prescribes without baseline labs, or without a real clinician reviewing results.
No structured follow-up monitoring.
A business model that profits from continuation, or sells proprietary supplement stacks with the prescription.
Refuses to discuss hCG without engaging with any evidence: a second opinion is justified.

Educational only, not medical advice. Decisions about treatment belong with you and your clinician.
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Notes from the visit

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