

Patient Name: \_\_\_\_\_ Chart #: \_\_\_\_\_

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## Consent Form for O-Shot

I understand the proposed Orgasm Shot®/O Shot® procedure(s) to be a procedure for vaginal, labial, and clitoral rejuvenation using platelet-rich plasma (PRP) injections.

I give permission for the O-shot to be done. This includes topical anesthesia and injection of the clitoral body and anterior vaginal wall/the G-spot, and/or other areas of pain or dysfunction with PRP (platelet rich plasma).

The purpose of the injection(s) is/are to eliminate or improve urinary incontinence, painful intercourse, and other sources of pain or sexual dysfunction. Also, by tissue regeneration and increased blood flow to the clitoris, thus sensitivity is increased. Greater arousal from clitoral stimulation

### **I understand the risks associated with the proposed procedure(s) to be:**

- Bleeding or spotting
- Change in urinary habits including Hematuria (blood in urine), UTI (Urinary Tract Infection), Urinary Urgency (feel like you always have to urinate), Urinary Frequency, Increased/worsening nocturia (waking up several times at night to urinate)
- Allergic reaction to anesthetic
- Tissue swelling
- Pelvic pain/cramping
- Vaginal discharge/infection
- Infection
- Increased sexual arousal

I understand that smoking, poor nutrition, uncontrolled diabetes, the use of anti-inflammatory medications (Ibuprofen, Motrin, Naprosyn, etc.) may impair the healing properties of PRP.

I have read the post instructions and understand that not complying to these may affect my result

|                          |                  |             |
|--------------------------|------------------|-------------|
| _____                    | _____            | _____       |
| <b>Print Name</b>        | <b>Signature</b> | <b>Date</b> |
| _____                    | _____            | _____       |
| <b>Witness Signature</b> |                  | <b>Date</b> |