

## Consent for Treatment for Vaginal Rejuvenation with the Phoenix CO2 Laser System

I, \_\_\_\_\_, authorize and consent to the treatment for vaginal health with the Phoenix CO2 laser.

I have been advised by Dr. James Loging, MD or other provider at Palmetto Cosmetic Surgery and Aesthetics of the purported advantages and disadvantages associated with this treatment \_\_\_\_\_(initials)

I understand the treatment with this laser system varies from patient to patient and that more than 1-treatment may be required.

No guarantees have been made to me regarding the outcome of the treatment or any improvements in my condition due to the procedure \_\_\_\_\_(initials)

I understand that the possible benefits are the reduction of pain during intercourse, reduction of itchiness in the vaginal area, and increased lubrication in the vaginal area (vaginal health). \_\_\_\_\_(initials)

Due to the brilliance of the laser light energy used, I agree to wear eye protection to shield my eyes \_\_\_\_\_(initials)

I have been given the opportunity to ask questions and have received satisfactory answers to those questions \_\_\_\_\_(initials)

I hereby authorize the taking of photographs. These photographs may be used to demonstrate the results that this laser produces. \_\_\_\_\_(initials)

I hereby indemnify and hold harmless Rohrer Aesthetics, Inc. and all individuals associated with Rohrer Aesthetics, Inc., the treating technician, physician, or provider, and all staff members at the office of a Palmetto Cosmetic Surgery and Aesthetics from any and all liability, damages, costs and expenses arising from or out of the use of the Phoenix CO2 laser for vaginal rejuvenation treatment. \_\_\_\_\_(initials)

With all of the above information understood, I am choosing to be treated with the Phoenix CO2 laser.

\_\_\_\_\_

Signature

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date

\_\_\_\_\_

Witness

