NORTH COAST UROLOGY

MonaLisa Touch Informed Consent

I request and authorize Dr. _____ to perform a procedure on me using the MonaLisa Touch laser.

Therapy using the MonaLisa Touch laser is an appropriate treatment for vaginal/vulvar symptoms due to menopause.

The laser produces small columns of damage in the soft tissue of the vaginal walls/vulva. These columns help stimulate new collagen production which helps promote mucosal revitalization, improved vaginal and vulvar vascular health.

The nature and effects of the procedure, the result, as well as alternative methods treatment have been fully explained to me by the physician and designated person and I understand them.

I have been thoroughly and completely advised regarding the end point of the procedure. I understand that the practice of medicine and surgery is not an exact science and no results have been guaranteed. I acknowledge that the operative result may not meet my expectations. I certify that no guarantees have been made by anyone regarding the procedure(s) that I have requested and authorized.

All persons in the treatment room, including myself, will wear protective eyewear to prevent eye damage.

I understand the procedure is comfortably tolerated without sedation or anesthesia, although a topical numbing cream may be offered to me to aid in the comfort of treatment. The known associated side effects following this procedure may include: vaginal spotting, pink, brown, or watery vaginal discharge, irritation, burning upon urination, discomfort, redness, swelling, inflammation, and itching.

I should refrain from strenuous exercise and sexual activity for 2 days after internal treatment and 7 days after external treatment.

I have read and understand all information presented to me before signing this consent. I have also been given the opportunity to ask questions and understand the information provided.

Print name: _____ Date of Birth: _____

Signed: _____ Date: ____/____/_____
(Patient or person authorized to consent for the patient)

Witness: _____ Date: ____/____/_____

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