

PATIENT INFORMED CONSENT FORM TEMPLATE

Juliet Laser for Vaginal Health

***(NOTE: THIS PATIENT INFORMED CONSENT TEMPLATE IS PROVIDED “AS IS” AND IS INTENDED FOR INFORMATIONAL PURPOSES ONLY. THIS TEMPLATE MAY NOT MEET ALL STATE AND FEDERAL LEGAL OR REGULATORY REQUIREMENTS FOR USE WITH PATIENTS. PHYSICIANS USING THIS TEMPLATE ARE RESPONSIBLE FOR ENSURING THE INFORMED CONSENT FORM USED WITH PATIENTS MEETS ALL APPLICABLE STATE AND FEDERAL LEGAL AND REGULATORY REQUIREMENTS, AND ARE ENCOURAGED TO CONSULT WITH THEIR ATTORNEY.)**

I hereby authorize Dr. _____ or _____, under Dr. _____'s supervision to perform the Juliet Laser treatment. The Juliet is an Er:YAG 2940 nm laser incorporating a unique treatment protocol delivering two passes to the vaginal area to stimulate collagen and revitalize the vaginal tissue to address symptoms associated vaginal atrophy and vaginal relaxation. The laser can treat the labia and vulvar tissue to improve the appurtenance and dyschromia in vulvar area. It may take multiple treatments to obtain optimal results, and it is possible that the results will be minimal or not help at all. The results may be temporary or permanent and there is no way to predict how long the results will last. Although these devices are effective in most cases, no guarantees can be made.

The procedure may result in the following adverse experiences or risks:

- **DISCOMFORT/PAIN** – Some discomfort and/ or pain may be experienced during treatment. A topical anesthetic will be applied to your skin before external vaginal treatment. Other forms of anesthesia, or pain management, may also be used.
- **PINK DISCHARGE/SPOTTING** – Pink discharge or spotting may be present for 3-4 days post-treatment.
- **INFECTION** – Infection is a possibility whenever the skin surface is disrupted which can lead to scarring. Proper wound care and keeping the treated area clean are important. If signs of infection develop, such as pain, heat, blisters, or surrounding redness, please call our office _____(Phone number)_____.
- **CONTACT/ALLERGIC DERMATITIS OR SKIN SENSITIVITY** – Potential increased sensitivity, irritation/itching or allergic reaction of the skin due to skin surface disruption.
- **ALLERGY** – There is a risk of an allergic reaction to the numbing cream.
- **EYE EXPOSURE** – Protective eyewear (shields) will be provided to you during the treatment. Failure to wear eye shields during the entire treatment may cause severe and permanent eye damage.

I acknowledge the following points have been discussed with me:

- Potential benefits of the proposed procedure, including the possibility that the procedure may not work for me
- Alternative treatments
- Reasonably anticipated health consequences if the procedure is not performed
- Possible complications/risks involved with the proposed procedure and subsequent healing period
- Instructions to refrain from intercourse for at least 72 hours post-treatment
- Instructions to avoid hot tubs, baths or swimming for a few days post treatment
- Post-treatment care instructions

