



Informed Consent for Orgasm Shot™ (O-shot)

Platelet-Rich Plasma (PRP) comes from your own body and has demonstrated a low complication rate when injected. Injecting PRP into vaginal structures and near the clitoris (the Orgasm Shot™, abbreviated as the O-Shot™) can enhance sexual sensitivity in patients who experience decreased sexual desire. It can also improve collagen formation in the area above the vagina and below the urethra allowing for reduction in urinary leakage.

Nothing contained in this consent form or in any other information provided to potential patients is intended to represent a promise, guarantee or warranty that any patient who undergoes the O-Shot™ will achieve a particular result. Individual results may vary, and no responsibility is assumed for failure to achieve a desired result.

Benefits: The O-shot is natural in that your own cells are used, treated with a chemical that is not foreign to the body, and injected into the specified areas. Since a distillate of growth factors from your own blood (PRP) is used, there should be no side effects from the material injected. The body reacts to the treated cells as it does to a wound and immediately starts repairing the tissue.

The results of this treatment should and can last, but results may vary and research documenting the longevity or results are ongoing.

Treatment:

A numbing cream is applied to the vagina treatment areas.

Approximately 10cc (less than 2 tablespoons) of blood are drawn in the same way blood samples are taken for routine lab tests.

The tubes of blood are centrifuged using FDA approved equipment and methods to separate the component cells.

The platelets are treated to release stem cells.

The PRP is transferred into a syringe and injected into the vagina and clitoris using a tiny needle; a process is used to distribute the stem cells and increase their effectiveness.

Foreseeable Risks/Discomforts:

- Discomfort/bruising from blood draw
- Discomfort/Bruising at the injection sites - the risk of bruising is increased if you use anti-inflammatory medications or are taking blood thinners (Warfarin, Plavix, etc.)
- Scarring (unlikely and minimal)
- Infection – extremely unlikely (which may require additional medical and/or surgical treatment).
- Results vary and the O-shot is not as effective in tobacco users
- No effect at all
- Constant awareness of the G-spot
- A sensation of always being sexually aroused

_____ Initial

- Constant vaginal wetness
- Mental preoccupation of the G-spot
- Alteration in the function of the G-spot
- Sexual function alteration
- Hematoma
- Hematuria (blood in the urine)
- Alteration of vaginal sensations (usually with more intense sexual pleasure)
- Hypersexuality (overactive sex drive)
- Alteration of female sexual response

Post-treatment: The post treatment therapy has been explained at the time of injection. I acknowledge that I received instructions on post injection therapy.

Follow-up Care: Generally, there is no need for a follow-up appointment. If you have questions or concerns, we can be reached at **(208) 339-0106**. Please don't hesitate to call.

Privacy: Your privacy is very important to us. We will not release your private information without your written consent.

Photographs: I authorize the taking of clinical photographs and their use for scientific purposes both in publications and presentations. I understand my identity will be protected.

Payment: I understand this is a cosmetic procedure, and as such, insurance will not pay for it. I understand that payment is my responsibility.

To date, there have been no serious side effects with the use of PRP anywhere in the body. But, with or without this treatment, vaginal/G-spot function and sensation can decrease with time. I understand this and release (circle provider) Wendy Knox, CPT Todd Hatch, PT Brenda Hatch, MS, CRNA and Snake River Aesthetics and MediSpa, LLC from any responsibility for any decrease or loss of function or any other changes, good or bad, in relation to my vagina/G-spot. The risks and possible benefits of the Orgasm Shot (O-shot) have been explained to me completely, and my questions have been answered to my satisfaction. I have informed my provider of any and all health conditions I have, including medications I am taking and I accept responsibility if the health information I provided is incomplete or incorrect.

I have read the above and understand it.

I understand that this is an elective procedure and that not having it done is an option.

I accept the risks and complications of the Orgasm Shot (O-shot).

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____

_____ Initial