

**Consent For Treatment For Vaginal Health 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, \_\_\_\_\_ of \_\_\_\_\_ of the purported advantages and disadvantages associated with this treatment.

I understand that treatment with this laser system varies from patient to patient and that that more that 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 these questions. \_\_\_\_\_ (initials)

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

I hereby indemnify and hold harmless Rohrer Aesthetics, LLC and their employees, the treating technician and \_\_\_\_\_ from any and all liability, damages, cost and expenses arising from or out of the use Phoenix-CO2 Laser for the vaginal health 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