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O-Shot Informed Consent Form

A. CONSENT FOR PROCEDURE

I have received information about my condition, the proposed treatment, alternatives, and related risks. This form contains a brief summary of this information. I have received an explanation of any unfamiliar terms and have been offered the opportunity to ask questions. I understand I may refuse consent and I GIVE MY INFORMED AND VOLUNTARY CONSENT to the proposed procedures and other matters shown below. I also consent to the performance of any additional procedures determined in the course of a procedure to be in my best interests and where delay might impair my health.

I authorize Dr. Yahwen Zhou to treat my condition, including performing further diagnosis and the procedures described below, and taking any needed photographs.

I understand the proposed procedure(s) to be: vaginal sub mucosal/subureathral, clitoral, and labial, PRP (platelet rich plasma) injection (The Orgasm Shot/The O Shot).

I understand the risks associated with the proposed procedures(s) to be bleeding, infections, urinary retention, no effect at all, allergic reactions, constant awareness of the G-Spot, a sensation of prolonged sexual arousal, persistent vaginal wetness, mental preoccupation of the G-Spot, alteration of the function of the G-Spot, sexual function alteration, hematoma, urethral injury, embolism, depression, reactions to medication including anaphylaxis, nerve damage permanent numbness, slow healing, swelling sexual dysfunction, allergy, nodule formation.

I also understand that there may be other RISKS OR COMPLICATION OR SERIOUS INJURY from both known and unknown causes. I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me concerning the risks of the procedure.



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I understand the alternatives to the proposed procedures and the related risks to be do nothing.

B. CONSENT FOR ANESTHESIA

By signing below I state that I am 18 years of age or older, or otherwise authorized to consent. I have read or have had explained to me the contents of this form. I understand the information on this form and give my consent to what is described above and to what has been explained to me.

Patient Signature: _____ Date: _____

C. PHYSICIAN ATTESTATION

I have explained the procedure(s), alternative(s) and risks to the person or persons whose signature is affixed above. The patient has verbally communicated to me that they understand the contents of this form.

Physician Signature: _____ Date: _____