



Informed Consent: MonaLisa Touch® Treatment

I request and authorize Dr. Angela Aslami to perform the MonaLisa Touch laser therapy on me.

The MonaLisa Touch laser therapy is an appropriate treatment for patients experiencing painful vaginal/vulvar symptoms due to declining estrogen levels and/or lichen sclerosus.

The laser produces microablation in the soft tissue of the vagina and vulva. This helps stimulate new collagen production which helps promote improved vaginal and vulvar health.

The nature and effects of the procedure, the results, as well as alternative methods of treatment have been fully explained to me by the physician or 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 results 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 the probe insertion. The treatment takes about 5 minutes to complete. The possible associated side effects following this procedure may include vaginal spotting, mild vaginal bleeding, pink or brown vaginal discharge, mild to profuse watery vaginal discharge, irritation, burning upon urination, and discomfort.

I may be instructed by my clinician to refrain from strenuous exercise and sexual activity for 2 days after the procedure.

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.

Signed:

Date: __

(Patient or person authorized to consent for the patient)

Witness:

Date: __

1029 Pleasant Street | Suite 102 | Bridgewater, MA
P: 508-807-0634 | F: 508-807-528

