917 N Promenade Parkway Suite #104 ● Casa Grande, Arizona 85194
www.cloud9medspaaz.com ● (520) 876 - 5996

P-Shot® Pre and Post Care Revised October 25, 2020

Preparation:

PRP Therapy is very safe because cells from the patient's own blood are used, which means there are no preservatives and no chance of the body rejecting the cells. The primary risks and discomforts are related to the blood draw where there is a slight pinch to insert the needle for collection and there is a potential for bruising at the site. Please drink plenty of fluids the night prior to your treatment.

For optimal results and to decrease the chance of bruising at the draw site, please avoid all blood thinning medications and herbal supplements for one week prior to your appointment if you can. Avoid taking Aspirin and non-steroidal anti-inflammatory medications (NSAIDS) such as Ibuprofen, Motrin, and Aleve. In addition, very high doses of some Vitamins and supplements can thin your blood and increase the chance of bruising. Please notify your provider if you are taking Coumadin, Plavix, or any other blood thinners for a medical condition. During the course of your treatments, notify my staff of any changes to your medical history, health status, or personal activities that may be relevant to your treatment.

Please hydrate well the day the day before and the day of the procedure. Eat breakfast or lunch.

Post Care:

Immediately following the procedure, the most commonly reported temporary side effects are redness, swelling, bruising, tenderness, tingling, numbness, lumpiness, and/or a feeling of pressure or fullness at the injection sites and/or in the treated area(s). Cold gel packs/ice may be gently applied immediately after treatment to reduce swelling. Swelling and redness generally subsides within 24 hours. Avoid direct high heat (blow dryer, sun exposure, sauna, steam room, very hot shower, hot yoga, strenuous exercise etc.) for 24 hours after treatment. You can have intercourse the day of the procedure.

The results of PRP therapy can last up to two years, but results vary and research documenting the longevity of results is ongoing. Maintenance treatments are recommended every six to twelve months.

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O-Shot® Clinical Documentation Revised October 25, 2020

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 have not received any promise, guarantee or warranty that my undergoing the procedure will achieve a particular result. I fully understand that individual results do vary, and that Cloud 9 MedSpa and all of its associates assumes no responsibility for failure to achieve a desired result. I understand I may refuse consent and I give my informed and voluntary consent to the proposed procedures and the 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 the practicing provider to treat my condition, including performing further diagnosis and the procedures described below, and taking any needed photographs. While the need for photos are extremely rare, photographs taken are the property of Cloud 9 MedSpa for instructional purposes alone.

I understand the proposed Vampire® procedure(s) to be: a procedure for rejuvenating the skin of the face and for correcting shape, using blood-derived growth factors (platelet-rich fibrin matrix (PRFM), platelet-rich plasma (PRP) injections, and a hyaluronic acid filler.

> P-Shot® - Restore sensation and firmness to your erections and prevent incontinence. This procedure can have results lasting anywhere from six to twelve months, reviving his sexual experiences. This treatment is also used for Peyronie's Disease, and has shown stronger, more straight erections.
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> O-Shot® - Designed to help stimulate the female anatomy as well as restore its original integrity. By injecting the clitoris, the PRP is able to increase sensation as well as aid in the prevention of vaginal dryness and dryness.

I understand the risks associated with the proposed procedure(s) to be: Bleeding; Infections; No effect at all; Allergic reactions; Alteration of facial features ;Hematoma (hyaluronan of blood); Hyaluronan site ulceration; Accelerated hyaluronan re-absorptions; Allergy to Hyaluronan material; Hyaluronan migration; Need for subsequent surgery; Scar formation; Local tissue infarction and necrosis; Erosions; Fatigue; Damage to eyes, ears, nose, mouth; Post-operative pain; Prolonged pain; Intractable pain; Failed procedure; Varied results; Psychological alterations; Relationship problems; Possible hospitalization for treatment of complications; Lidocaine toxicity; Anesthesia reaction; Embolism; Depression; Reactions to medications including anaphylaxis; Nerve damage; Permanent numbness; Slow healing; Swelling; Allergy; Nodule formation.

In addition, the following risks have also been noted: mental preoccupation of the penis or vagina; alteration of the function of your genitals; sexual function alteration; hematoma; change in urinary stream; blood in urine or discharge, need for subsequent surgery; alteration of the sensation in your genitals; scar formation; local tissue infarction and necrosis; alteration of bladder dynamics; post-operative pain; prolonged pain; intractable pain; alteration of the sexual response cycle; failed procedure; psychological alterations; relationship problems; sex life alteration; decreased sexual function; sexual dysfunction; urinary tract infections; perpetual sexual arousal, vaginal wetness, urethral vaginal fistula, vesico-vaginal fistula; painful intercourse; yeast infections; spotting; overactive bladder.

I also understand that there may be other RISKS OR COMPLICATIONS, 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.

CONSENT FOR ANESTHESIA

When local anesthesia and/or sedation is used by the physician: I consent to the administration of such local anesthetics as may be considered necessary by the physician in charge of my care. I understand that the risks of local anesthesia include: local discomfort, swelling, bruising, allergic reactions to medications, and seizures.

PATIENT CERTIFICATION:

By signing, I state that I am at least 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. The physician has explained the procedure to me and it's alternatives and risks.