

LASER VAPORIZATION OF VAGINA/VULVA Addendum to authorization for surgical treatment

Complications and consequences have been discussed. I understand these risks include, but are not limited to, the following:

-Pain (immediately afterwards or delayed)
-Bleeding, possibly requiring blood transfusion and its subsequent risk of infections
-Damage to pelvic organs such as bladder, vagina, uterus, possibly requiring further surgery or therapy
-Persistence or recurrence of abnormal tissue in the vagina or vulva, possibly requiring repeat or further surgery
-Vulvar scarring
-Risks of anesthesia

I acknowledge that I have read and fully understand the above complications and risks, and that all of my questions have been answered to my satisfaction.

Signature

Witness

Date

Date

Bel Air 520 Upper Chesapeake Drive, Suite 301 • Bel Air, MD 21014 • Phone: 443.643.4300 • Fax: 443.643.4303

Havre de Grace 308 North Union Ave • Havre de Grace, MD 21078 • Phone: 410.939.3121 • Fax: 410.939.9411