

**CONSENT FOR PRECISION ERECTILE DYSFUNCTION (ED) PROCEDURE**

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

**CONSENT:** I consent to receiving the Precision ED procedure as explained to me by \_\_\_\_\_ and his/her associates. I acknowledge that I have been informed that the Precision ED procedure is non-invasive and uses sound wave technology to create long-term increases in men’s sexual responsiveness with increased blood flow in the penis resulting in stronger and more sustained erections. I understand that the Precision ED procedure is not intended to diagnose, treat, prevent, or cure any disease. I understand that the Precision ED treatment may result in an erection at the time the treatment is performed. I know that if I have any questions about the procedure, I will be sure to ask the Precision Providers about them. I know it is up to me to tell the Precision Providers about any health problems or allergies I have. I must also tell the Precision Providers about drugs or medications I am taking. Further, if I do not fully understand the procedure or its risks and consequences, I have the right to question the Precision Providers or other professionals and it is my responsibility to do so.

**NO GUARANTEES:** I understand that the Precision ED procedure is not an exact science and that no guarantees or promises have been made to me concerning the results of the procedure by the Precision Providers. Some individuals are greatly improved and for others no appreciable improvement is noted.

**MY SIGNATURE BELOW INDICATES MY ACKNOWLEDGEMENT THAT: (1) I HAVE READ, OR HAD READ TO ME, AND UNDERSTAND ALL OF THE INFORMATION ON THIS FORM; AND (2) I HAVE BEEN GIVEN AN OPPORTUNITY TO ASK QUESTIONS AND ALL OF MY QUESTIONS ABOUT THIS FORM HAVE BEEN ANSWERED TO MY SATISFACTION.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date