Mamba OmniSpec ED-1000

INCREDIBLE POWERED BY MEDISPEC

Client Consent Form

Full Name:			
Phone Number:		Date of Birth:	
Address:			
City:		State/Province:	
Zip/Postal Code:		Customer ID:	
Email Address:			

I understand that the MAMBA™ OmniSpec ED1000 device uses low-intensity extracorporeal shockwave therapy (Li-SWT) to treat Erectile Dysfunction by delivering focused acoustic waves to targeted areas of the penis. These waves stimulate blood vessel regeneration (neovascularization) and improve penile blood flow, potentially enhancing erectile function over time.
I acknowledge that:

- Multiple sessions are typically required, depending on the severity and underlying cause of the condition.
- Results are not immediate, and gradual improvement may occur over 3 months to 1 year after treatment.
- Final results may vary between individuals, and adherence to the treatment plan is essential for optimal outcomes.

Pelvic Health Disclosure

This therapy is non-invasive and intended to support tissue stimulation and circulation. It does not replace pelvic floor physiotherapy or medical diagnostics.

Alternative Treatments

Alternatives may include medication, physical therapy, lifestyle changes, or no treatment.

CLIENT'S CONSENT

- Avoid blood-thinning medications (e.g., aspirin, ibuprofen, warfarin) unless approved by your physician.
- Avoid alcohol consumption for at least 24 hours before your session.
- Do not use recreational drugs or stimulants (e.g., cocaine, amphetamines).
- Refrain from sexual activity 12–24 hours before the session unless otherwise instructed.
- Do not apply any lotions or creams on the genital area on the day of treatment.
- Ensure proper hygiene – clean the genital area thoroughly before the appointment.
- Hydrate well the day before and day of the treatment (unless otherwise advised).
- Avoid caffeine (coffee, tea, energy drinks) for 12 hours before treatment, as it can affect blood flow.
- Any implanted medical devices, especially penile implants or pacemakers.
- History of bleeding disorders or use of anticoagulant medication.
- Heart disease, recent heart attacks, or uncontrolled hypertension.
- Nerve damage or neurological conditions affecting sexual function.
- Active infections, skin conditions, or open wounds in the treatment area.
- History of prostate cancer or current cancer treatment.
- If you are undergoing fertility treatments or planning to conceive.

By signing below, I confirm that I have read, comprehended, and agree to the checklist.

Client's Name:	Client's Signature:

TREATMENT PROCESS

According to your doctor's recommendation, you will receive a set of **6 or 12** treatment sessions.

As part of the treatment, you may be asked to answer questionnaires that evaluate your erectile function

RISKS AND COMPLICATIONS

I understand there is a possibility of short-term effects. Risks of this procedure include, but are not limited to, the following:

Common (Mild and Temporary)

1. Mild discomfort or pain during treatment
2. Redness, swelling, or bruising at the treatment site
3. Tingling or numbness in the treated area
4. Increased sensitivity of the penis temporarily
5. Mild skin irritation (especially with sensitive skin)

Less Common / Rare Risks

1. Peyronie's disease flare-up (if previously diagnosed)
2. Worsening of ED symptoms (very rare)
3. Minor bleeding under the skin (subcutaneous hemorrhage)
4. Development of petechiae (small red spots from capillary breakage)

Very Rare or Theoretical Risks

1. Injury to nerves or blood vessels
2. Prolonged pain or discomfort after treatment
3. Changes in sensation or erectile response

- Clients should report any unexpected or prolonged symptoms to the clinic immediately.
- The long-term effects of repeated shockwave treatments are still being studied, and no long-term harm has been established to date.

CLIENT RELEASE:

- I understand that certain activities and exposures, such as vigorous sexual activity, use of erectile medications, or high-impact physical exercise, may need to be avoided before and after treatment, as instructed by my practitioner.
- I understand that rare side effects, including but not limited to bruising, swelling, discomfort, or changes in sensation, can occur. These risks have been fully explained to me, and I have disclosed any relevant medical history, including conditions that may affect healing, such as bleeding disorders or nerve sensitivity.
- I understand that the MAMBA™ OmniSpec ED1000 is a device that uses low-intensity extracorporeal shockwave therapy (Li-SWT) to improve blood flow in the penis as a treatment for Erectile Dysfunction. I acknowledge that clinical outcomes may vary, and results are not guaranteed.
- I will inform my practitioner immediately if I have:

□ Experienced any new symptoms (e.g. pain, inflammation, or urinary issues)
□ Had any recent procedures (e.g. penile surgery, injections, or implant placement)
□ Used any medications affecting blood flow or sensitivity not previously disclosed

I confirm that I have:

□ Not had any other ED-related treatments or procedures in the last 6 months
□ Not undergone any local treatments to the genital area in the last 4 weeks (e.g. PRP injections, dermal fillers, or energy-based devices)

*Any concerns regarding the treatment should be discussed directly with the Aesthetic Consultant at the clinic to ensure proper resolution and guidance.

By signing below, I confirm that I have read, comprehended, and agree to the checklist outlined above.

Client Name:

Client Signature

Date:

Staff Name:

Staff Signature

Date: