

NON INVASIVE LASER GYNECOLOGY Er:YAG (SMOOTH)

Pacients name _____

Date of birth _____

Indication for the gynecological laser procedure with Er:YAG:

- (1) Urinary stress incontinence (mild or moderate),
- (2) Genital prolapse (stage I, II), vaginal relaxation syndrom;
- (3) vaginal atrophy in peri/menopause;
- (4) estetic laser gynecology (narrowing of the vagina, post labour restoration, treatment of women sexual disfunction, when the cause is vaginal widening, proflaxis of 1,2,3)

Tests:

1. Pap smear (less than 1 year till procedure):

_____ No pathology found.
Date

2. Gynecological ultrasound (less than 1 month till procedure):

_____ Uterus: ___ x ___ x ___ cm, endometrium: _____ mm,
Date
l.ovary ___ x ___ cm, r.ovary ___ x ___ cm. No endometrial polyps, no pathological ovarian cyst found. No intraabdominal fluid. Myomas if found:

3. Urinary test (2 week till procedure): _____
data

No infection found

4. Vaginal discharge smear (2 week till procedure): _____
data

No infection found

Atention: registration in advance is required for consultations and procedures.

All tests must be up to date.

Please note, that at least two procedures are required for optimal results.

(interval between procedures is one month)

_____ Place for seal

_____ Physician Signature

More information <http://sugihara.lt/paslaugos/kitos-gydymo-paslaugos-2/lazerine-ginekologija>

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