

COREWAVE® THERAPY FOR ED

TREAT THE UNDERLYING CAUSE OF ERECTILE DYSFUNCTION

Until now, most treatments for erectile dysfunction have only been targeted at treating the symptoms. Corewave® therapy is a newer treatment for erectile dysfunction (ED) designed to target the underlying cause of weaker erections- decreased blood flow.

What is Corewave® therapy?

Corewave® therapy is a painless, in-office treatment designed to improve erectile function with 6-8 weekly sessions. Using acoustic waves delivered to key anatomical locations. Many patients will notice better erections after undergoing therapy.

How does Corewave® therapy work?

The acoustic wave energy used in Corewave® therapy has been shown to increase blood flow by encouraging new blood vessel growth into the treated tissue, leading to healthier tissue. Better blood flow into the penis leads to better erections.

Who is a good candidate for Corewave® therapy?

Corewave® therapy is best suited to patients with mild to moderate erectile dysfunction. Men with severe erectile dysfunction may require longer treatment protocols and are less likely to respond.

Overall, about 55% of men respond to treatment. A reasonable expectation is that men who respond to oral therapy for ED will no longer require any pills for ED if they respond to Corewave®. Men who do not quite respond adequately to oral medications may get a better, adequate response to oral therapy for ED.

Other facts about Corewave® therapy

Patients may experience a tingling sensation during treatment, but treatment is not painful and very safe.

The technology used in Corewave® therapy was originally developed and FDA approved for orthopedic conditions though it has found multiple other applications, one of them being erectile dysfunction. Corewave® therapy is delivered using an FDA cleared device but is not specifically FDA approved for use in erectile dysfunction.

Corewave® therapy is not a covered benefit by insurance companies and is an out-of-pocket cost to the patient.

Who do I talk to about starting Corewave® therapy?

Your UCNT urologist can tell you more about Corewave® therapy and help you determine if it is an appropriate treatment option for you. Your urologist will then set up your treatment schedule if indicated.

www.Corewavetherapy.com

Patient Name: _____ Date of Birth: _____

Consent for Low Intensity Shockwave Therapy (COREWAVE™) to the Penis

A. CONSENT FOR PROCEDURE

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 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.

1. I authorize this procedure to be performed by a technician under the supervision of Dr. Dan French to treat erectile dysfunction, including performing further diagnosis and the procedures described below.

2. I understand the proposed procedure(s) to be low intensity shockwave therapy (COREWAVE™) to the penis for the treatment of erectile dysfunction. I understand that the procedure is being used off label and it is not FDA approved in the United States and can be considered as experimental. I understand that based on the literature and what my physician has explained to me, the procedure is not 100% successful and there is a lack of high level clinical trial data supporting its efficacy and the duration of any beneficial effect.

3. I understand that the theoretical risks associated with the proposed low intensity shockwave lithotripsy may include: **Swelling, bruising, pain, scarring of the penis, tissue necrosis, hyperpigmentation (permanent dark spots) from bruising, increased sensitivity or numbness, sexual function alteration, hematoma, urethral injury (tube you urinate through), hematuria (blood in urine), change in urinary stream, nodule formation. This procedure could also result in: No change in erectile function, psychological alterations, including decreased libido.**

4. 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.

5. I understand that the use of low intensity shockwave therapy for the penis is 'off label' use, and no promise or representation, guarantee or warranty regarding its use, benefit or other quality is made. No representations that the use of this product and this procedure is approved by the FDA or any other agency of the federal or state government is made. I understand the alternatives to the proposed procedures and the related risks to be: do nothing.

B. PATIENT CERTIFICATION

By signing below I state that I am 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 what has been explained to me.

_____/_____
SIGNATURE OF PATIENT DATE