CONSENT FORM FOR UTTAR VASTI THERAPY

Clinic Name: _____ **Date: _____**

Doctor Name: _____

Patient Name: _____

Consent to Undergo Uttar Vasti Therapy

I, the undersigned, hereby consent to undergo Uttar Vasti therapy as part of my Ayurvedic treatment at the above-mentioned clinic. I understand that Uttar Vasti involves the administration of medicated oil or decoction into the urinary bladder (for men and women) or uterus (for women) via a sterile catheter, depending on the prescribed treatment plan.

Acknowledgment of Information

1. **Therapy Purpose:**
   - I understand that Uttar Vasti is designed to address gynecological, urological, or reproductive health issues, including infertility, recurrent urinary tract infections, and hormonal imbalances.
2. **Procedure and Potential Benefits:**
   - I have been informed about the procedure, its potential benefits (e.g., improved reproductive health, detoxification of reproductive organs, and alleviation of related disorders), and its role in promoting overall well-being.
3. **Possible Risks and Side Effects:**
   - I am aware of possible side effects, such as mild discomfort, mild bleeding, temporary cramping, or minor irritation, and understand that these are generally rare and transient.
4. **Precautions Taken:**
   - I have disclosed all relevant medical information, including any allergies, infections, or health concerns, to the attending doctor and i took all the related precautions guided by the Doctor.
5. **Voluntary Participation:**
   - I confirm that I am undergoing Uttar Vasti therapy voluntarily and understand that I may discontinue the session at any time.

Declaration

By signing below, I acknowledge that I have read and understood the information provided about Uttar Vasti therapy. I have had the opportunity to ask questions, and my concerns have been addressed to my satisfaction. I consent to receive the therapy under the care of the attending doctor at the above-mentioned clinic.

Patient Signature: _____ **Doctor Signature: _____**
Date: _____ **Date: _____**

Witness (if applicable): _____
Date: _____