



## PRP Orgasm Enhancement Questionnaire

Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_(\_\_\_\_) \_\_\_\_\_

Please mark reason(s) below for obtaining O-Shot:

Urinary Incontinence

Loss of Sensation

Stronger Orgasms

Other: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date