

1 in 5 Women Suffer From Heavy Bleeding Are You One of Them?

If you answer yes to any one of the following questions, you may be suffering from heavy bleeding.

Does your period last longer than seven days? Yes No

Do you use more than 3 pads or tampons per day? Yes No

Do you feel the need to double up on feminine protection? Yes No

Do you become fatigued due to your heavy bleeding? Yes No

Does your heavy bleeding affect your social, athletic or sexual activities? Yes No

Do you miss work because of your periods? Yes No

Do you pass clots during your periods? Yes No

Do you avoid leaving your home for fear of accidents? Yes No

Do you avoid wearing light colors during your period? Yes No

Has medication (birth control pills) failed to help your heavy bleeding? Yes No

Are you interested in learning more about a one time treatment for heavy bleeding that is safe, non-surgical and may be provided in the comfort of your physician's office? Yes No

After you have completed this patient questionnaire, please present this to your physician and ask him/her to discuss your treatment options, including whether Her Option® Office Cryoablation Therapy is right for you.

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Order Number: 21600075 (06/05)

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