Informed consent for

SCLEROTHERAPY TREATMENTS

Purpose of Procedure: Sclerotherapy is performed using an FDA solution injected into a reticular and/or spider vein with the purpose of causing vessel wall damage via chemical irritation. The damaged vessel is then slowly absorbed by the body and gradually fades.

Consent

I have been fully informed concerning the sclerotherapy procedures my physician determined necessary. I understand the treatments are performed in order to eliminate spider veins which are cosmetic in nature.

I further understand that most medical procedures involve the element of risk. Side effects of this treatment may include: allergic reactions, superficial clot formation, temporary phlebitis, infection, bleeding, failure to eliminate veins, ulcer formation, pigment staining of the skin, and bruising. Most commonly experienced effects are redness, mild swelling, scabbing and bruising. All these will resolve within 1-2 weeks post treatment. These effects have been fully explained to me.

I understand that the average patient requires 3-5 treatments to each spider vein complex in order to get resolution of the spider veins, and I further understand that I may not fall into this range, possibly needing more or less treatments.

I hereby acknowledge that this information has been given to me, and that all of my questions have been satisfactorily answered. I authorize the Vein Center, physician and/or staff, to perform the above-described procedure(s), which are necessary to treat my condition.

Patient: _____ Date: _____

Doctor: _____ Date: _____

Witness: ____________________________________ Date: __________________