

The Vein Center Of Virginia

Informed Consent For Sclerotherapy

Introduction:

This Consent Form is intended to provide _____ with the information needed to make an informed decision as to whether or not to undergo injection sclerotherapy for the treatment of vascular lesions.

Authorization:

I hereby authorize Dr. F. Noel Parent, Dr. C. Scott McEnroe, Dr. Todd Gensler, and their supervised registered nurses to perform venous sclerotherapy upon me in accordance with the Vein Center Policy and Procedures.

Details of the procedure, including the purpose and nature of the procedure, and treatment solution have been explained to me as well as the possible alternative methods of treatment and the advantages and disadvantages of each. I have had the opportunity to have fully described all aspects of the proposed procedure and am fully aware of the risks and benefits. All questions I have about the proposed procedures have been answered.

Risks and Complications:

The risks inherent in injection sclerotherapy and the possible complications which could arise from the procedure have been explained to me. The complications include, but are not limited to:

- Allergic reactions;
- Skin ulceration and/or pigmentation;
- Phlebitis (vein inflammation);
- Failure of complete vein obliteration or recurrence of varicosities;
- Pain and/or swelling; and/or
- The development of new varicosities.

Photographs:

I hereby give permission to photograph the areas I would like treated, both before and after venous sclerotherapy. I understand these photographs may be used for marketing or other medical purposes. I understand that if used for marketing or medical research purposes these photographs will not contain my name or other identifying information.

I certify that I have made the above disclosures to the patient and have given the patient the opportunity to ask questions, and the right to refuse sclerotherapy.

Supervised Registered Nurse _____ Date _____

Patient Acknowledgment

I have read the above Consent Form and have been given the opportunity to ask questions. I have been informed by Dr. Parent, Dr. McEnroe, Dr. Todd Gensler, or by one of their supervised registered nurses of the potential risks and complications, along with the potential benefits that may result from venous sclerotherapy. I understand that the visible results of venous sclerotherapy may not appear for six (6) months or more. Considering that I have been informed that certain medical conditions prohibit me from venous sclerotherapy treatment, I have provided a truthful and accurate account of my medical history to The Vein Center of Virginia. Having been apprised of all the above, I have signed this Consent Form and authorized the recommended treatment.

Patient's Signature _____ Date _____

Witness _____ Date _____