

Consent Form for the
Treatment of Veins

Date _____

Name: _____ Age: _____ DOB: _____
(Please Print)

Chief Complaint: _____

Past Medical History: _____

Surgical History: _____

Medications: _____

Allergies: _____

Additional Comments; _____

History:

- Sclerotherapy Yes _____ No _____ Date: _____
- Accutain Yes _____ No _____ Date: _____
- Cold sores/herpes Yes _____ No _____ Date: _____
- Previous laser TX. Yes _____ No _____ Date: _____
- Keloid s Yes _____ No _____ Date: _____

Patient's Signature: _____ Date: _____

The Following Possible experiences/ Risks associated with Laser Surgery:

- Discomfort- Some discomfort may be experienced during laser treatment.
- Wound Healing- Laser Surgery can result in swelling, blistering, crusting or flaking of the treated areas, which may require up to 3 weeks healing. Once the surface has healed, it may be pink or sensitive to the sun for an additional two to four weeks, or longer in some patients.
- Bruising/Swelling/Infections- With some Lasers, bruising of the treated area may occur. Additionally, there may be some swelling noted. Finally, skin infection is a possibility although rare, whenever a skin procedure is performed.
- Pigment Changes (skin color) - During the healing process, there is a slight possibility that the treated area can become either lighter or darker in color compared to the surrounding skin. This is usually temporary, but in rare occasions can be permanent.
- Scarring- Scarring is a rare occurrence, but it is a possibility when the skin's surface is disrupted. To minimize the chances of scarring, it is IMPORTANT that you follow all post- treatment instructions carefully.
- Eye Exposure- Protective eyewear will be provided. It is important to keep these shields on at all times during the treatment in order to protect your eyes from accidental laser exposure

The following points have been discussed with me:

- The potential benefits of the proposed procedure.
- The possible alternative procedures.
- The probability of success.
- The reasonably anticipated consequences if the procedure is not preformed.
- The most likely possible complications/ risks involved with the purposed procedure and subsequent healing period, including but not limited to, infection, crusting, scarring, change in skin color, and or blistering.

Acknowledgment

I understand and acknowledge that payment for the above procedure is Non-refundable.

I hereby authorize Dr. Selena Anne Lantry, to remove or lighten the appearance of dilated superficial veins. The procedure involves using a laser to coagulate the vessels and it is possible the results will be minimal or not help at all. It is not possible to make every vein disappear.

By signing this document, I certify that I have read and fully understand the contents of this Consent form. I believe this office has adequately explained the risks associated with the above procedure. Having been apprised of all of the above, I authorize treatment by signing this consent form.

Patient's Signature: _____ Date _____