

Laser/Sclerotherapy Consent Form

I understand that medicine is not an exact science, and that though the vast majority of patients are satisfied with their results, there is no guarantee that I myself will be satisfied with the improvement of my veins after treatment. I acknowledge that the following topics have been fully explained to me, and that I understand the explanations I was given. I have had the opportunity to ask questions. I will be undergoing a vein removal procedure that involves the use of laser application and or sclerotherapy. Dermatology Associates of Central NJ and its designated assistant will be performing the procedure. This consent form is provided as a means of education between the provider and the patient as to the methods and risks involved in vein removal. I understand that laser application and or sclerotherapy treatments may be repeated several times.

Risks:

1. Pain, burning, blister formation, and stinging sensation at the treatment site.
2. Infection associated with the treatment site.
3. Pigment (color) changes at the treatment site, including hyper pigmentation (increase in skin color or darkening).
4. Scar formation at the treatment site.
5. Poor cosmetic outcome.
6. Reoccurrence of vessels at the treated site.
7. Allergic reaction possibly severe or life-threatening.
8. Superficial or deep vein clot formation (deep vein thrombosis).
9. Bleeding and or bruising at the treatment site.
10. Ulcer formation at site of treatment.
11. Temporary phlebitis at the treated site.
12. Matting (bruised appearance that is often temporary, but sometimes permanent)

Benefits:

1. Lightening of the veins in the treated site.
2. Completed removal of the veins in the treatment area.

I recognize that even though any particular problem may be extremely rare, it is always possible that any patient may have one of these problems. I accept that possibility for my own treatment. I understand that I am responsible for my own medical bills. I realize that most insurance companies do not cover treatment of spider veins and that I must pay for my treatment today. Lack of Satisfaction: Different skin types respond differently to the same treatments. Your response may be subject to variation. I acknowledge that I am obligated to follow the Dermatology Associates of Central NJ instructions closely and visit the office as directed. I have been given ample opportunity for discussion and my questions have been answered to my satisfaction. I understand this treatment includes payment and the fee structure has been explained. I have received no medication before signing the consent form. I hereby release the person injecting the spider veins and the facility from liability associated with this procedure.

Print Name

Signature

Date