



LASER VEIN REMOVAL CONSENT FORM

The Laser Vein Removal procedure has been thoroughly explained. I realize that no promises or guarantees have been made. The treatments offer a clinically effective procedure for a variety of vascular lesions. I understand that the treatment may be repeated several times to achieve complete satisfaction. Benefits I hope to achieve are lightening or removal of unsightly veins in the treated site. I understand that this treatment is voluntary on my part. My signature below indicates that I have agreed to receive the Laser Vein Removal Treatment(s).

With this quick and easy laser treatment, there is no longer any need to live with unsightly veins. Laser energy is transferred into heat energy that collapses the selected vessel. Once eliminated, the vessel turns brown in color and the wastes are absorbed through the body's natural metabolism process.

I have been told the following:

1. A topical gel may be applied to numb the area and minimize discomfort
2. Treatment is a laser using a predetermined energy dose
3. A light coating of cortisone and ice packs may be applied to the site after treatment
4. The time for the treatment will be 30-60 minutes based on the size of the treatment area

I have been given the following information:

1. I may experience pain, burning, blistering or stinging sensations at the site of the treatment
2. If any of the above occurs, there may be chance of infection at the site
3. There may be some change in color of the pigment in the site area
4. There rare possibility of scarring in the site area

I authorize taking of pictures before and after the injections. I consent to their use for instructional, scientific, and educational and research purposes. However, these photographs will not identify me by name and my name will not be revealed without my specific written consent.

I acknowledge that I am obligated to follow the Golla Center for Plastic Surgery 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 this consent form

I agree to pay \$_____ for the first treatment, and \$_____ for each treatment thereafter; or \$_____ for a ____ visit treatment package.

Signature: _____ **Date** _____

Guardian Signature: _____

Staff Signature: _____