INFORMED CONSENT – LASER VEIN REMOVAL TREATMENT

TO THE PATIENT:

Being full informed about your condition and treatment will help you make the decision whether or not to undergo a Laser Vein Removal Treatment. This disclosure is not meant to alarm you; it is simply an effort to better inform you so that you may give or withhold your consent for this treatment.

I have requested that the Medical Director(s), with clinicians of their choice, to remove or lighten the appearance of dilated superficial veins on the face and legs. The procedure involves using a laser to coagulate the vessels and it is possible the result will be minimal or not help at all. It is not possible to make every vein disappear.

_____

(Patient's Name)

_____ I understand that: Serious complications are rare, but possible. Common side effects include temporary redness and mild "sunburn" like effects that may last a few hours to 3-4 days or longer. I understand that treatment of benign pigmented lesions are vascular lesions cannot be accomplished without producing some epidermal damage and that this may take 2-4 weeks to resolve.

_____ Pigment changes (light or dark spots on the skin) lasting 1-6 months or longer may occur. In addition, freckles may lighten and/or temporarily or permanently disappear in treated areas. There is the likelihood of coincidental hair removal when treating pigmented and or vascular lesions in hair bearing areas.

_____ Other potential risks include blistering, crusting, itching, pain, bruising, skin whitening, burns, infection, scabbing, scarring, swelling, and failure to achieve the desired result. Intense light can cause eye injury and protective eyewear must be worn during treatment.

_____ I understand the importance of having an accurate diagnosis by a physician of brown spots prior to treatment, as treatment of an undiagnosed skin cancer may delay proper medical care.

_____ I consent to photographs being taken to evaluate treatment effectiveness, for medical education, training, professional publications or sales purposes. No photographs revealing my identity will be used and displayed publicly without my permission.

_____ I understand that the practice of medicine is not an exact science and no guarantees can be or have been made concerning expected results.

_____ I understand that multiple treatments may (often) be required to produce the desired results and the fee schedule has been discussed with me.

_____ I am an adult of at least 18 years of age. My signature below certifies that I have fully read this consent form and understand the information provided to me regarding the proposed procedure. I have been adequately informed about the procedure involving the potential benefits, limitations, alternative treatments. I have had enough time to consider the information, and I have had all questions and concerns answered to my satisfaction. I understand and accept the risks, side effects, and possible complications associated with Laser Vein treatment.

_____ I consent and authorize a trained physician, registered nurse, physician assistant, or nurse practitioner of Alamo Hills Advanced Aesthetics & Laser Center to perform Laser Vein treatments.

Before and after treatment instructions have been discussed with me. I have read and understand the attached exclusionary criteria. The procedure as well as potential benefits and risks have been explained to my satisfaction. I have had all my questions answered. I freely consent to the proposed treatment.

Patient Consent

I certify that I have read and understand this treatment agreement and that all the blanks were filled prior to my signature.

_____ _____ _____
Patient Signature **Print Name** **Date**

_____ _____ _____
Witness Signature **Print Name** **Date**

Physician or Clinician Certification

I certify that I have explained the nature, purpose, benefits, risks, complication and alternatives to the proposed procedure to the patient. I have answered all questions fully and I believe that the patient fully understands what I have explained.

_____ _____
Clinician Signature **Date**
Alamo Hills Advanced Aesthetics & Laser Center