

## Sclerotherapy Informed Consent

- I have read the written material on treatment of spider veins and small varicosities with the sclerotherapy technique.
- I understand the written information I was given and the discussion regarding this treatment and all of the side effects as well as the alternatives, the procedures, and the risks.
- I understand these risks include, but are not limited to: bleeding, infection, scarring, ulceration, hyperpigmentation, telangiectatic matting, persistence of veins, development of new veins, clotting, thrombophlebitis, embolus, swelling, blistering, and bruising.
- **Smokers have an increased risk of complications with sclerotherapy.** Please tell your physician if you are a smoker so we can discuss whether this treatment is a good option for you.
- I am aware that unforeseeable complications may arise with any procedure. I have expressed any questions regarding this procedure that I may have with ample explanations from my physician or nurse.
- No guarantee, warranty, or assurance has been made to me as to the results that may be obtained. Clinical results will vary per patient. No refund will be given.

I understand and agree that all services rendered to me are charged to me directly and that I am personally responsible for payment the day of the treatment.

I understand that any rescheduling must be done 72 hours before my treatment.

I am not pregnant or trying to become pregnant nor am I nursing at this time.

The nature and purpose of the treatment have been explained to me. I have read and understand this agreement. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. Alternative methods of treatment and their risks and benefits have been explained to me and I understand that I have the right to refuse treatment.

I release Audubon Dermatology, LLC, Dr. Hooper, Dr. Jackson and all medical staff, from liability associated with the procedure. This consent form is freely and voluntarily executed and shall be binding upon my spouse, relatives, legal representatives, heirs, administrators, successors and assigns.

Client's Name (Please Print): \_\_\_\_\_

Client's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_