

**CONSENT FORM**  
**For Leg Vein Treatment**  
**The Vascular and Vein Laser Center, Inc.**  
**(918) 341-5311**

I, \_\_\_\_\_ will be undergoing a vein removal procedure that involves the use of laser application and/or Schlerotherapy.  
The physician performing the procedure will be Dr. L. Kyle Hrdlicka or Cathy Brown, R.N.

This consent is provided as a means of education for vein removal patients. The intent of this consent is to create an understanding between the provider and the patient as to the methods and risk involved in vein removal.

It should be understood that laser ablation treatments or schlerotherapy will be repeated several times before complete satisfaction is achieved.

It should be understood that our office will not guarantee insurance payment for laser ablation procedures or schlerotherapy.

**Methods:**

- 1) Prior to any treatment, the physician will consult the patient.
- 2) The consultation time will allow for assessment of the problem, determination of a diagnosis and development of a treatment plan. Diagnostic evaluations utilizing doppler and/or ultrasound may be required.
- 3) Begin treatment of the area with the laser, using physician determined appropriate energy levels.
- 4) The total duration of the treatments will approximate 15-30 minutes based on the size of the treatment area.
- 5) Schlerotherapy, injections using a diluted Sotradecol or Polidocanol solution.
- 6) Photographs of the treatment area may be taken for the chart and for future comparison.

**Risk:**

- 1) Pain, burning, blister formation, and stinging sensation at the site of treatment.
- 2) Infection associated with the treatment site.
- 3) Pigmentary (color) changes at the treatment sites including decrease in skin color (hypopigmentation or lightening) and/or increase in skin color (hyperpigmentation or darkening).
- 4) Scar formation at the treated site.
- 5) Possible need of surgical excision and closure.
- 6) Laser induced "cold sore like" blistering skin eruptions known as "herpetic" skin eruptions at the treatment site or surrounding tissue.
- 7) Poor cosmetic outcome.

8) Recurrence of vessels at the treated sites.

Benefits:

- 1) Lightening of veins in the treatment area.
- 2) Complete removal of veins in the treatment area.

If I have any questions regarding this procedure, I may contact Dr. Kyle Hrdlicka or his office staff at (918) 341-5311.

I understand this treatment is entirely voluntary on my part. I understand that there will be a charge for this and all consecutive treatments unless arrangements have been made otherwise.

I understand that I am making a decision to undergo the treatment, described in the preceding sections and I am subject to the conditions of participation described above. My signature indicates that I have decided to receive the treatments, having read and understood the information presented above and having been given the opportunity to ask any questions that I might have about the procedure.

**SIGNATURES AND DATE SIGNED:**

\_\_\_\_\_

Patient

\_\_\_\_\_

Date

\_\_\_\_\_

Witness

\_\_\_\_\_

Date

\_\_\_\_\_

Physician

\_\_\_\_\_

Date