

THE VASCULAR AND VEIN LASER CENTER, INC.

Informed Consent For SURGERY: High Ligation and Phlebectomy

Please read carefully before signing:

I have been fully informed concerning the Ligation/Phlebectomy procedure for varicose veins. I understand the treatment to be for the purpose of elimination of varicose veins.

I further understand that most medical procedures involve the element of risk which may include with these types of treatments, allergic reaction; superficial clot formation; temporary phlebitis; infection; bleeding; scars/keloid type scars; failure to eliminate veins; pigment staining of the skin; and bruising. These effects have been fully explained to me.

I hereby acknowledge that disclosure of this information has been given to me, and that all of my questions have been satisfactorily answered. I hereby authorize Dr. L. Kyle Hrdlicka, of The Vascular and Vein Laser Center to perform the above-described procedure, which is necessary to treat my condition.

Patient: _____ Date: _____

Doctor: _____ Date: _____

Witness: _____ Date _____