

Arizona Laser Skin Solutions

Spider Vein Informed Consent

PATIENTS NAME: _____ Date _____

The following points have been discussed with me:

- The probability of success: Depends on the size and extent of spider veins and/or venous disease.
- Skin products to stop using: Retin-A and Retin-A like products, alpha - hydroxy acids and astringents for at least one week, TCN for at least one week, Accutane for 6 months and no skin resurfacing procedures in the last 6 to 8 months.

Patients with the following conditions are at risk.

- Tanning within the preceding 1 weeks
- Active skin infection or a history of herpes simplex or shingles in the treatment area
- A history of keloid scarring
- Use of Accutane within the preceding 6 months

I am aware of the following possible experiences/ risks/complications with VersaPulse Laser Surgery:

- **DISCOMFORT** - Some discomfort may be experienced during laser treatment. Topical anesthetic cream may be helpful if the patient desires to utilize it.
- **WOUND HEALING-** - VeinGogh may result in swelling, blistering, graying, crusting, scabbing and/or flaking of the treated area, which may require one to three weeks to heal. Once the surface has healed, it may be pink and sensitive to the sun for additional two to four weeks or longer in some patients.
- **BRUISING/SWELLING/INFECTION-** With some treatments bruising of the treated area may occur. Additionally, there may be some swelling noted, especially when the face or neck area is treated. Finally, skin infection can occur anytime a skin procedure is performed.
- **SKIN COLOR (PIGMENT) CHANGES-** During the healing process, there is a possibility of the treated area becoming either lighter or darker in color than the surrounding skin. This usually temporary, but, on a rare occasion, it may be permanent. Following the pre and post treatment instructions can minimize it.
- **SCARRING-** Scarring is a rare occurrence, but it is a possibility when the skin's surface is disrupted. To minimize the chances of scarring, it is important that you follow all post-operative instructions carefully.

Acknowledgement

- **The procedure for vein removal has been explained to me. The potential risks, benefits and results of the procedure, and the available alternatives have been fully discussed with me. While rare, unexpected risks or complications not discussed may occur. These treatments are predictable and effective in most cases. However, no guarantees can be made as to the final results in-patients.**
- **By my signature below I certify that I have read and fully understand that contents of this permission for surgical care form and that the disclosures referred to herein were made to me.**
- **I authorize before, during and after the laser procedure (s) the taking of photographs. I understand these photographs may be used for public education, medical research and documentation for my medical record.** _____ Initials

Patient or Guardian's Signature and Date

Printed Name/Relationship if minor

I have explained the above statements to the patient and answered all questions.

Representative's Signature and Date

Print Name/Position

Form Revised Feb 2010

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