Consent form for Sclerotherapy

To the patient: you have right to be informed about your treatment so that you may make a decision to undergo the procedure, knowing the risks and hazards invoved.

I ..... have received a consultation and i consent to Sclerotherapy treatment being carried out upon myself for the improvement of .....

I understand that i am required to have a follow-up consultation as specified by the doctor,and that i am required to have photographs taken before, during and after treatment for my medical records.

I have been informed about the treatment, procedure, indications, expected results and possible side effects. I understand that i may experience pigmentation at the injection site or along the treated vein. The veins may become swollen, bruised and raised with a rear possibility of an ulceration at the injection site. Pink blood vessels may appear around the treated area with the possibility of bigger veins becoming inflamed however these symptoms will resolve. The possibility of Deep vein Thrombosis(blood clot) in deeper veins is very rare.

I understand the importance of my post-operative care and i have been given information regarding this.

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

I agree to the Doctor administering a local anaesthetic nerve block prior to treatment if necessary for pain relief.

I am undergoing treatment of my own free will. I agree that this procedure is being performed for cosmetic or therapeutic reasons and no gurantee can be made as to the exact result of this procedure. I understand that whils every precaution will be taken to prevent complications and that whilst complications from this procedure are rare, they can and sometimes do occur.

I agree that this constitute fulldisclosure, and that it supersedes any previous verbal or written disclosures. I certify that i have read, and fully understand the above paragraphs and that i have had sufficient opportunity for discussion to have any questions answered in a language I understand.

Patient signature /-

Date : .....

Doctor signature /-

Date : .....