VEINGUARD CENTER

HEART & VASCULAR

VEINS & LASER

Fareeha I. Khan, MD, FACC
Board Certified, American Board of Cardiology
Board Certified, American Board of Internal Medicine

Consent for Ultrasound Guided Foam Therapy

I ________________________________ willingly consent to undergo the following procedure(s): ultrasound guided foam therapy with polidocanol.

I understand that any procedure can have risks and that these risks include, but are not limited to pain, bleeding, swelling, nerve damage, discoloration of skin, reoccurrence of my venous problem, persistence of my symptoms, burning of the skin, need for additional procedures, failure to complete treatment, reaction to medications used, scar formation, neovascularity (new spider veins), poor cosmetic result, etc. I have had ample opportunity to ask questions and have no further questions. I wish to proceed with the procedure(s) listed above. I further understand that it is my decision to undergo this elective procedure in the office setting to which I give my voluntary consent. I understand that individual results may vary, and instantaneous results are not expected. I have received verbal and written instructions for my aftercare and have had to the opportunity to ask questions.

________________________________ ________________________

Patient Signature Date

________________________________ ____________________________

Witness Physician Signature

1900 Gallows Road • Suite 100 • Vienna, Virginia 22182 • Ph: 703-560-1075 • Fax: 703-560-1076 • www.veinguard.org