

REQUEST FOR TREATMENT OF SPIDER VEINS BY MICROSCLEROTHERAPY

Name of Patient: _____

Address: _____

I hereby request treatment of my thread veins and consent to microsclerotherapy. I understand that this involves the injection of a sclerosant solution called _____ into my veins to reduce their appearance. I understand that my veins are not a danger to my health and without treatment would not cause me any harm. I request treatment mainly for cosmetic reasons. I understand that microsclerotherapy is not a perfect treatment and that 3 or 4 treatment sessions may be required to cause my veins to fade. I understand that they may not fade completely. I understand that the veins will look worse initially after treatment and that the results of the treatment session may not become apparent for 6 - 12 weeks after treatment. I understand the need to wear my compression stockings after treatment.

I understand that serious complications are very rare indeed. However, I may develop areas of pigmentation, fine red blood vessels, small scars, allergic reactions and thrombosis.

There is a risk that treatment will be unsuccessful and I understand that even after successful treatment thread veins can reappear and require further treatment.

I agree to information about my treatment being sent to my family doctor and I agree to relevant information about my medical history being requested from my family doctor. I understand information about me will be confidential and access to it restricted in accordance with the Data Protection Act.

I have had a thorough explanation of the technique and I have had an opportunity to discuss and ask any questions before treatment.

I understand that the treatment session will last for _____ minutes and will cost me £ _____. Payment for each treatment session is due at the time of treatment and remains my responsibility.

Signed: _____

Date: _____

Practitioner: _____