



Consent for Sclerotherapy

I have been fully informed concerning sclerotherapy for small varicose veins and/or spider veins, of which I understand to be for the purpose of ablation of varicose veins and/or spider veins.

I further understand that most medical procedures involve elements of risk, which include in my case, among others: allergic reaction, clot formation, infection, bleeding, scars/keloids, failure to eliminate veins, skin ulcer formation, pigment staining of the skin, reddening, burning, and bruising. These effects have been fully explained to me.

I understand that the average patient requires 3-5 sclerotherapy treatments to each spider vein in order to clear. I am aware that I may not fall into this range, and that I may require more or less treatments.

I understand that, regardless of payment method, there will be no refunds issued for services rendered. I agree that should I have a problem of any kind whatsoever, I shall immediately notify Refine MD.

I understand that photographs will be used to track patient progress. These photographs may be used for promotional purposes anonymously.

I have read and understand this agreement. All of my questions have been addressed and answered to my satisfaction. I consent to the terms of this agreement.

Client Signature: _____

Date: _____