

DOCTORS OF INTERNAL MEDICINE

**PATIENT CONSENT FORM
FOR TREATMENT OF VASCULAR LESIONS**

I HEREBY AUTHORIZE DR. _____ OR _____, UNDER DR. _____'S SUPERVISION TO REMOVE OR LIGHTEN THE APPEARANCE OF VASCULAR LESIONS. THE PROCEDURE INVOLVES USING A LASER OR PULSED LIGHT DEVICE TO COAGULATE THE VESSELS OR VASCULAR LESION. . I UNDERSTAND IT MAY TAKE MULTIPLE TREATMENTS TO OBTAIN OPTIMAL RESULTS. ALTHOUGH THESE DEVICES ARE EFFECTIVE IN MOST CASES, NO GUARANTEES CAN BE MADE. I UNDERSTAND I MAY NOT EXPERIENCE COMPLETE CLEARANCE, AND THAT IT MAY TAKE MULTIPLE TREATMENTS. SOME CONDITIONS MAY NOT RESPOND AT ALL AND, IN RARE CASES, MAY BECOME WORSE.

THE PROCEDURE MAY RESULT IN THE FOLLOWING ADVERSE EXPERIENCES OR RISKS:

- DISCOMFORT – SOME DISCOMFORT MAY BE EXPERIENCED DURING TREATMENT.
- REDNESS/SWELLING/BRUISING – SHORT TERM REDNESS (ERYTHEMA) OR SWELLING (EDEMA) OF THE TREATED AREA IS COMMON AND MAY OCCUR. THERE ALSO MAY BE SOME BRUISING.
- SKIN COLOR CHANGES – DURING THE HEALING PROCESS, THERE IS A POSSIBILITY THAT THE TREATED AREA MAY BECOME EITHER LIGHTER (HYPOPIGMENTATION) OR DARKER (HYPERPIGMENTATION) IN COLOR COMPARED TO THE SURROUNDING SKIN. THIS IS USUALLY TEMPORARY, BUT, ON A RARE OCCASION, IT MAY BE PERMANENT.
- WOUNDS – TREATMENT CAN RESULT IN BURNING, BLISTERING, OR BLEEDING OF THE TREATED AREAS. IF ANY OF THESE OCCUR, PLEASE CALL OUR OFFICE.
- INFECTION – INFECTION IS A POSSIBILITY WHENEVER THE SKIN SURFACE IS DISRUPTED, THOUGH PROPER WOUND CARE SHOULD PREVENT THIS. IF SIGNS OF INFECTION DEVELOP, SUCH AS PAIN, HEAT OR SURROUNDING REDNESS, PLEASE CALL OUR OFFICE __ (PHONE NUMBER)_____.
- SCARRING – SCARRING IS A RARE OCCURRENCE, BUT IT IS A POSSIBILITY IF THE SKIN SURFACE IS DISRUPTED. TO MINIMIZE THE CHANCES OF SCARRING, IT IS IMPORTANT THAT YOU FOLLOW ALL POST-TREATMENT INSTRUCTIONS PROVIDED BY YOUR HEALTHCARE STAFF.
- EYE EXPOSURE – PROTECTIVE EYEWEAR (SHIELDS) WILL BE PROVIDED TO YOU DURING THE TREATMENT. FAILURE TO WEAR EYE SHIELDS DURING THE ENTIRE TREATMENT MAY CAUSE SEVERE AND PERMANENT EYE DAMAGE.

I ACKNOWLEDGE THE FOLLOWING POINTS HAVE BEEN DISCUSSED WITH ME:

- POTENTIAL BENEFITS OF THE PROPOSED PROCEDURE, INCLUDING THE POSSIBILITY THAT THE PROCEDURE MAY NOT WORK FOR ME
- ALTERNATIVE TREATMENTS, SUCH AS SCLEROTHERAPY OR SURGERY
- REASONABLY ANTICIPATED HEALTH CONSEQUENCES IF THE PROCEDURE IS NOT PERFORMED
- POSSIBLE COMPLICATIONS/RISKS INVOLVED WITH THE PROPOSED PROCEDURE AND SUBSEQUENT HEALING PERIOD

FOR WOMEN OF CHILDBEARING AGE: BY SIGNING BELOW I CONFIRM THAT I AM NOT PREGNANT AND DO NOT INTEND TO BECOME PREGNANT ANYTIME DURING THE COURSE OF TREATMENT. FUTHERMORE, I AGREE TO KEEP DR. _____AND STAFF INFORMED SHOULD I BECOME PREGNANT DURING THE COURSE OF TREATMENT.

PHOTOGRAPHIC DOCUMENTATION WILL BE TAKEN. I HEREBY DO ___DO NOT___ AUTHORIZE THE USE OF MY PHOTOGRAPHS FOR TEACHING PURPOSES.

ACKNOWLEDGMENT

BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS INFORMED CONSENT FOR TREATMENT OF VASCULAR LESIONS, AND THAT I HAVE HAD ALL MY QUESTIONS ANSWERED TO MY SATISFACTION BY MY HEALTHCARE TEAM.

SIGNATURE-PATIENT OR GUARDIAN PRINT NAME/RELATIONSHIP

DATE

SIGNATURE-WITNESS

PRINT NAME

DATE



Pre-Care instructions

- ◇ SHAVE THE AREA TO BE TREATED TO AVOID UNNECESSARY DISCOMFORT.
- ◇ AVOID EXCESSIVE TANNING OR TANNING BEDS FOR APPROXIMATELY 3 WEEKS PRIOR TO THE LASER PROCEDURE. THE PATIENT'S SKIN TYPE WILL BE EVALUATED PRIOR TO TREATMENT AT INITIAL VISIT.
- ◇ AVOID USING LOTIONS OR BATH OILS ON TREATMENT AREAS THE NIGHT BEFORE AS WELL AS THE DAY OF TREATMENT.
- ◇ WEAR LOOSE FITTING CLOTHING AND COMFORTABLE SHOES TO ACCOMMODATE POST TREATMENT DRESSINGS IF NEEDED. IF POSSIBLE, BRING LOOSE FITTING SHORTS TO WEAR DURING THE PROCEDURE.
- ◇ DO NOT TAKE ASPIRIN PRODUCTS OR PRODUCTS CONTAINING ASPIRIN (ANACIN, BURRERIN, ADVIL, IBUPROFIN, NUPRIN, VITAMIN E, ETC.) FOR 14 DAYS PRIOR TO AND FOLLOWING LASER THERAPY.
- ◇ AVOID CONSUMING PRODUCTS THAT CONTAIN LARGE QUANTITIES OF VITAMIN E OR VITAMIN E OIL PRIOR TO TREATMENT.
- ◇ CONTINUE TO AVOID ASPIRIN, ASPIRIN CONTAINING PRODUCTS, AND ANTI-INFLAMMATORY PRODUCTS FOR TWO WEEKS POST TREATMENT.

PLEASE NOTE: EVEN AFTER THE MAJORITY OF THE VEINS HAVE BEEN REMOVED, NEW SPIDER VEINS CAN DEVELOP. PLEASE RETURN FOR RE-EVALUATION SO NEWLY FORMED VESSELS CAN BE TREATED IF NECESSARY.



Post-Care Instructions

- ◇ YOU MAY EXPERIENCE SOME TEMPORARY REDNESS, SWELLING, OR BRUISING. YOU SHOULD NOT NEED BANDAGES OR DRESSING, THEREFORE, YOU SHOULD BE ABLE TO RETURN TO YOUR NORMAL ACTIVITIES IMMEDIATELY.
 - ◇ AVOID STRENUOUS EXERCISE OR HEAVY LIFTING ACTIVITIES FOR THE FIRST 48 HOURS AFTER TREATMENT.
 - ◇ AVOID SOAKING IN HOT TUBS OR HOT BATHS FOR THE FIRST 48 HOURS AFTER TREATMENT.
 - ◇ USE A GENTLE SKIN CLEANSING AND HYDRATING REGIMEN AFTER THE TREATMENTS TO ENHANCE THEIR EFFECTIVENESS AND TO DECREASE IRRITATION THAT MIGHT OCCUR.
 - ◇ A SUN BLOCK OF SPF 20 OR HIGHER IS RECOMMENDED TO PREVENT HYPERPIGMENTATION.
 - ◇ WEAR COMPRESSION STOCKINGS FOR 24-48 HOURS.
 - ◇ BE PATIENT. IT CAN TAKE YOUR BODY AS LONG AS 4-8 WEEKS TO ABSORB THE TREATED VESSELS.
-