

Laser Vein Treatment Consent

I authorize and direct a Certified Medical Trained employee of Envy, A Medical Day Spa to perform following procedure: removal or appearance of dilated or superficial veins on my face or body. The procedure involves using a laser to coagulate the vessels and it is possible result will minimal or not at all. It is not possible to make all veins disappear with a single treatment thus additional treatments may be required to achieve my desired results. It is not possible to make every vein disappear.

The following points have discussed with _____.
Date: _____ of proposed procedure.

- The potential benefits of the proposed procedure.
- The possible alternative procedures.
- Probability of success.
- The reasonable anticipated consequences if the procedure is not performed.
- Most possible complications/risks involved with proposed procedure and subsequent healing period, including, but not limited to, infection, crusting, scarring, change in skin color, and/or blistering.
- Post treatment instructions.

I am aware of following possible risks/complications with laser treatments.

DISCOMFORT - some discomfort may during laser treatments.

HEALING- laser treatments can result in swelling, blistering, crusting, or flaking of the treated areas, which may require 1-3 weeks to heal. Once the surface has healed, it may pink or sensitive to sun for an additional 2-4 weeks or longer in some patients.

BRUISING/SWELLING/INFECTION- some bruising of area may occur. Additionally, you may see some swelling. Finally, skin infection is a possibility although rare, when a skin procedure is performed.

PIGMENT CHANGES (skin color)— During the healing process, there is a slight possibility that the treated area can become either lighter or darker compared to the surrounding skin. This is usually temporary, but, on a rare occasion, may permanent.

SCARRING— is a rare occurrence, but is a possibility when skin's surface is disrupted. To minimize the chances of scarring, it is **IMPORTANT** that you follow all post treatment instructions carefully.

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EYE EXPOSURE- protective eyewear (goggles) will be provided. It is important to keep these goggles on at all times during the treatment order to protect your from accidental laser exposure.

I understand my obligation to follow instructions closely and I have read the above consent and fully understand it. I was provided ample opportunity for discussion and all my questions have been answered to my satisfaction.

Patient Signature: _____

Print Name: _____

Date: _____