



A Subsidiary of Maryland Surgical Care

Sclerotherapy Consent Form

I authorize _____ to perform sclerotherapy on me as discussed between the provider and myself during our consultation. I have read the Sclerotherapy Information Sheet and all questions I had regarding sclerotherapy have been answered to my satisfaction. I discussed with the provider and his staff the possible side effects and complications that could result from sclerotherapy injections as listed in the Sclerotherapy Information Sheet.

I understand that, although good results are expected, cosmetic surgery results or the number of sessions needed to eradicate all my visible spider veins cannot be guaranteed because of the nature of the human body and the healing process. Repeated treatments may be necessary, and some spider veins may persist even with repeated treatments. Improvement of approximately 60-80% is usual with a full course of treatment.

The agents used for vein injections are called aethoxysklerol and glycerin. Although the aethoxysklerol solution is non-FDA approved, in the physician’s opinion, it is far superior to hypertonic saline (which is also non-FDA approved) or sotredechol (which is FDA approved.) FDA approval for aethoxysklerol is pending. Aethoxy is the most commonly used sclerosant worldwide. Our practice has been using aethoxysklerol in the office for sclerotherapy since 2000.

The fees for this procedure are due and payable at the time of the service. Sclerotherapy is considered a cosmetic procedure, and all fees are the patient’s responsibility.

Signed

Print

Date

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