CONSENT FOR MEDICAL CARE

Date of Surgery:___________________

I hereby authorize Drs. _______**McNeill / Rosenberg**____ **(circle one)** to perform the surgical procedure(s)

VNUS CLOSURE upon my Right / Left Leg (circle one)

1. I have been advised and made aware of the risk(s) of the underlying medical problem for which this treatment is recommended. In addition, risks of treatment were explained to me, including the possibility of bleeding, infection, temporary localized numbness, blood clot, and pulmonary embolism, as well as the alternative methods of treatment. If, during the course of the procedure(s) any unforeseen conditions arise which necessitate additional or different procedure(s), I further request and authorize the above named doctor to perform such procedures which in his/her professional judgment are necessary and desirable.
2. I understand that correction of the underlying problems lowers my overall medical risk.
3. The authority granted here shall extend to treating conditions that are not known at the time the procedure is commenced, I am aware that the practice of medicine and surgery is not an exact science, and I acknowledge that no guarantees have been made to me as to the result of the procedure(s).
4. I consent to the admittance of observers to the Operating Room and to the photographing and television of the procedure(s) to be performed, including appropriate portions of my body, providing my identity is not revealed by the pictures or descriptive tests accompanying them.
5. I consent to the administration of anesthesia as deemed necessary by my physician and described to me by my physician. I am aware of the risks of local anesthesia, including prolonged numbness, allergic reaction and toxicity.

SIGNED DATE

WITNESS DATE

I have advised the above named patient of the risk(s) associated with the procedure(s) described
Above as well as the alternative methods of treatment.

Surgeon ____

77 Thomas Johnson Dr #E ~ Frederick, Maryland 21702 ~ 301-695-8346
201 N. George St #103 ~ Charles Town, West Virginia 25414 ~ 304-724-4080
Fernwood Medical Center ~ The Champlain Building ~ 6410 Rockledge Dr. Suite #500 ~ Bethesda, MD 20817