Please read and initial each statement.

I have read and understood the *Sclerotherapy Information and Treatment Instructions* and have had an opportunity to ask questions that have been satisfactorily answered.

I authorize the physician or nurse to perform sclerotherapy on me.

The cost of treatment has been discussed with me and I agree to pay this amount.

I understand:

- the presence of spider, reticular and varicose veins and their associated symptoms reflect a chronic and recurrent condition that is not life-threatening. The goal of treatment is to control the extent of vein disease and prevent complications but not cure it. Repeat sessions of 2 to 6 or more may be required to see improvement. Yearly maintenance sessions will likely be required. Every individual is unique which makes it difficult to guarantee a specific number of treatments needed. Results can be difficult to predict and vary with the individual depending on underlying vein issues that may not be detectable or present at this time.

- there may be side effects related to sclerotherapy and foam sclerotherapy. These side effects may be permanent. These are discussed in the *Sclerotherapy Information and Treatment Instructions* and have been explained to me. There may be serious risks and risks not yet known at this time.

- Vein services are not a guaranteed service. U Cosmetic does not give refunds for treatment.

- compression stockings are highly recommended following sclerotherapy and on a regular basis to improve venous circulation.

- there may be an increased occurrence of side effects if I do not follow the post procedure instructions.
• sclerotherapy is not recommended if you are pregnant or breastfeeding, have active infection at the site, have had previous complications from sclerotherapy or if you have an unwillingness to attend multiple treatment sessions. If you have certain heart defects, foam sclerotherapy is contraindicated. Patients on minocycline, who have regular sun exposure or are taking regular non-steroidal anti-inflammatory such as ibuprofen, may be at an increased risk of complications such as hyperpigmentation. None of these conditions apply to me or if they do I am aware of the increased risk of the procedure.

• there are other options for treatment including not having any treatment. I have had an opportunity to discuss these options and would like to proceed with treatment.

• the risk of side effects increases with other medical situations such as immunodeficiencies (diabetes, HIV, smoking, being on immune suppressants such as prednisone) that can be associated with poor skin healing and increased risk of infection. Previous history of anaphylaxis may increase your risk of allergy or anaphylaxis to sclerotherapy agents. None of these conditions apply to me or if they do I am aware of the increased risk.

• I should call the clinic if I have any questions or concerns about my treatment. I will notify the clinic if I experience any complications as soon as possible.

I authorize the taking of clinical photographs for:
✓ my clinic record
☐ research and education (discretion applied)
☐ publication
☐ the U Cosmetic website (discretion applied)
☐ the U Cosmetic Brag Book kept in the clinic (discretion applied)

I have read and understand this Sclerotherapy Consent Form. My questions have been answered satisfactorily by the doctor or nurse. I accept the risks and complications of the procedure.

Patient name (please print) Date Signature

Witness name (please print) Date Signature

love being U