



THE VEIN & VASCULAR INSTITUTE OF TAMPA BAY

AND NON-INVASIVE VASCULAR LABORATORY

Board Certified Vascular Surgeons
Registered Physicians in Vascular Interpretations



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Informed Consent for Sclerotherapy and Financial agreement

I, _____, voluntarily consent to undergo treatment for varicose and spider veins by The Vein and Vascular Institute.

I hereby consent to undergo Sclerotherapy. Sclerotherapy involves an injection of a solution (such as sodium chloride, a salt solution) directly into the vein. The solution irritates the lining of the blood vessel, causing it to swell and stick together, and the blood to clot. Overtime, the vessel turns into scar tissue that fades from view. After treatment, some normal discoloration, swelling or discomfort may occur. Compression hose will be prescribed for use immediately following treatment to minimize uncomfortable side effects, to assist circulation and to compress the treated blood vessels to help them in healing. I am aware that Sclerotherapy, as with all medical procedures, is not without risk. In that regard, I have been informed of the following:

- A. There may occasionally be stress induced reactions such as hives and angina.
- B. Hyper pigmentation, a discoloration of the skin, may occur at treatment site.
- C. Although rare, a small ulceration can occur at treatment site.
- D. Transient phlebitis type reactions, such as swelling and pain near the vein rarely occur.
- E. Infection occurs at a rate of 1 in 100,000 injections, which would be treated by antibiotics.
- F. Very rarely, a patient may have an allergic reaction to the sclerosing solution used.
- G. Phlebitis is a very rare complication which could cause a pulmonary embolus (a clot in the lungs) and post syndrome, in which the blood clot is not carried out of the legs, resulting in permanent swelling of the legs.
- H. Bleeding and/or bruising at the treatment site.
- I. The varicosities may not go away from a particular treatment session and/or new vessels might form.

I have been informed that it could become necessary for me to return for future treatments to correct any potential problems that might occur and for "touch-up" visit, as necessary. I recognize that the practice of medicine, and that of Sclerotherapy, is not an exact science. I acknowledge and accept that no guarantees, expressed or implied promises have been made to me as the results of this or any subsequent treatments. I have been informed of all other treatment options.

I have been told and understand that I may ask and will receive answers to any questions I might have regarding the treatment on this or any subsequent visit to VVIT.

By signing my name below, I hereby represent that the information provided to me is sufficient for me to intelligently and rationally decide to give my consent for this and subsequent treatments, including additional scans and ultrasounds, by VVIT for the same described treatment.

Patient Signature: _____ Date: _____

Doctor: _____ Witness: _____

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Financial Agreement Form for Sclerotherapy

I, _____ am aware that Sclerotherapy at The Vein and Vascular Institute is a self-pay procedure. I am aware that I cannot use my insurance for this procedure. I'm aware the cost for Sclerotherapy is \$300 per ½ hour session. If I'm an establish patient of The Vein and Vascular Institute and have had procedure(s) performed by one of the physicians, the cost is discounted to \$150 per ½ hour session (I'm aware this does not include a previous Sclerotherapy Session). I'm aware that the cost is for one session, any additional sessions will be charged at the same cost. I'm also aware there is an additional cost for compression hose, which is also a self-pay cost. These costs will vary depending on the compression hose I choose to purchase.

I am aware I can be charge a fee if I "No Show" to my appointment. I'm aware that cost can be \$100.

I aware this document does not bind me into any payments or No Show fees until my appointment is scheduled. The Sclerotherapy cosmetic treatment prices were explained to me in detail and all my questions were fully answered. I also understand that prices may change without notice to patients. Compression Stocking prices are for one pair only and may vary due to compression needed.

I understand and agree that all costs have to be paid in full at the time of my procedure before I can have Sclerotherapy preformed.

I have authorize the original copy of this document to be placed in my medical records.

I have received a copy of the Sclerotherapy before and after instruction sheet.

Patient Name: _____ Pt #: _____

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Doctor Signature: _____ Date: _____

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