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## Patient Consent for Sclerotherapy Treatment

I understand that medicine is not an exact science, and that even though the vast majority of patients are satisfied with their results, there is no guarantee, I myself will be satisfied with the improvement in my varicose veins after treatment. I acknowledge that the following topics have been explained to me, and that I understand the explanations I was given. I have had an opportunity to ask any questions. In particular, I am familiar with the following information:

- The various techniques that can be used for treating diseased veins
- The option to do nothing about my vein problem
- Benefits of treatment
- Risks & potential complications
- Bruising & discoloration
- Inflammation or trapped blood
- Fainting from nervousness
- Allergic reaction to medication or tape
- Skin staining (hyperpigmentation)
- Skin ulcers
- Telangiectatic matting
- Recurrence of varicosities
- Theoretical risk of thrombosis or/and embolism

I recognize that even though any particular problem may be extremely rare, it is always possible that any patient may have one of these problems. I accept that possibility for my own treatment. I understand that I am responsible for my own medical bills.

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SIGNATURE

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PRINT NAME

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DATE