



Consent for LASER VEIN THERAPY

Thank you for choosing Alazzo Med Spa, LLC. This form is exclusively related to treatment of unwanted veins. Please read this form thoroughly and ask any questions that you may have prior to treatment. This consent will serve for all vein treatments performed and does not need to be renewed. Sign only after you feel comfortable enough to get started.

Procedure: I am consenting to have my unwanted reticular veins 1-3mm in diameter and superficial telangiectasias ("spider veins") eliminated or reduced using an FDA approved laser. The Cynosure Apogee Elite is the laser used depending on the size of the vein to be treated.

Vein Therapy Operation: The Cynosure Apogee Elite laser is non-ionizing, meaning there is no radiation. The laser is a light source or energy that is attracted to the color of the vein. It produces enough heat to damage or destroy the vein wall. The amount of energy used is dependent on the type and size of the vein. The result is elimination or reduction in the appearance of the vein.

Restrictions: There is no guarantee that vein therapy will be effective in every case however, the majority of persons who have vein therapy performed whether using injectable agent or laser show improvement. The number of treatments needed to improve a vein differs from patient to patient, depending on the extent of reticular or spider vein present.

Standard Skin Effects: The most common side effects experienced are moderate pain, itching, bruising, a burning sensation during injection or laser, and transient swelling of the area. This is temporary and usually subsides in one to seven days. Transient hyperpigmentation or temporary discoloration is also common.

Uncommon Skin Effects: Wound infection, scarring, and possible tissue damage. Deep vein thrombosis is a very rare complication.

Safety: I agree to wear laser safety goggles that are provided for me at each treatment when laser is in use.

Pre and Post Instructions: I agree that I have received the pre and post treatment instructions and will follow those instructions carefully. I acknowledge that failure to follow these instructions may result in an increased risk of complications or a reduction in optimal results.

I am at least 18 years of age and my signature below attests that I have all of my questions answered to my satisfaction, I am comfortable with the information received in this consent and I agree to the terms outlined in this consent.

Printed Name: _____ Date: _____

Signature: _____

Parent/ Legal Guardian: _____(if under 18 years of age)

If you have any questions after reading these guidelines, please do not hesitate to call us for clarification.