

**SOUTHWEST VEIN AND LASER INSTITUTE**  
**Edward G. Murphy, D.O.**

Informed Consent for Surgery,  
Sclerotherapy, Laser Treatments, Perforator Ligation,  
Hook Phlebectomy and VNUS Closure

I have been fully informed concerning the above procedures. I understand the treatment is to be for the purpose of elimination of varicose veins and/or spider veins.

I further understand that most medical procedures involve the element of risk which may include with the following problems; allergic reaction, superficial clot formation, temporary phlebitis, infections, bleeding, blistering, scars/keloid type scars, failure to eliminate veins, ulcer formation, pigment staining of the skin, and bruising. These effects have been fully explained to me.

I understand that the average patient requires 3-5 treatments to each spider vein in order to get clearance, and I possibly may not fall into this range.

I hereby acknowledge that disclosure of this information has been given to me and that all of my questions have been satisfactorily answered. I hereby authorize SOUTHWEST VEIN AND LASER INSTITUTE physician or staff, to perform the above-described procedure(s), which are necessary to treat my condition.

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_