



NAME _____ CHART _____ DATE _____

PRE-TREATMENT INSTRUCTIONS LASER VEIN TREATMENT

1. Discontinue medications or supplements that may thin your blood one week prior to vein treatments to minimize bruising and improve the success of your treatment. This includes fish oil, flax seed oil, Vitamin E, ginkgo biloba, anti-inflammatory medications (ibuprofen, Motrin, Aleve), and red wine. If you are taking aspirin electively and not upon the advice of your physician, then you may stop it for 48 hours prior to your treatment. Do not stop aspirin if prescribed or recommended by your physician.
2. You may wish to bring a pair of shorts to wear during your treatment if you are having your legs treated.
3. If facial veins are being treated, there may be minor bruising and/or swelling following treatment. This can typically be covered using make-up. Plan accordingly since your face may show slight evidence of the laser treatment for a week or more.
4. If leg veins are being treated, there may be minor bruising, discoloration, and welting over treatment sites. Larger leg veins may appear bruised for a period of time after treatment. Full results can take weeks or months to be realized. Plan and schedule treatments accordingly, allowing for healing time and time for your treatment results to evolve to completion. The best time to treat leg veins are in fall, winter and spring when you are less inclined to wear shorts or be exposed to sun.
5. Plan treatments allowing for a period of no sun exposure, vigorous activity or use of hot tubs, saunas or spas for 48 hours after treatment.



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POST-TREATMENT INSTRUCTIONS VEIN TREATMENT

1. Avoid sun exposure and wear SPF 30 sunblock for one month after treatment on all treated areas that may be exposed to the sun.
2. Cold compresses may be applied to reduce redness and swelling.
3. Please call us at the first sign of persistent pain or blistering.
4. Use support hose 20-30 psi worn continuously for three to five days.
(You may purchase these at a medical supply store or pharmacy.)
5. Treatment area should be gently washed twice per day with tepid water and mild soap.

Post Treatment, Do Not:

1. Exercise for three days after treatment.
2. Use alcohol, aspirin, Advil, or any blood thinners for five days.
3. Take hot showers, baths, use hot tubs or saunas for five days.

Post Treatment Expectations:

1. Expect some redness and swelling, which may convert to “cat scratch” scab for 8-12 weeks.
2. Leg vein resolution usually takes about 8-12 weeks. At the end of this process, some vessels may be gone while others may be lighter or not affected.



NAME _____ CHART _____ DATE _____

CONSENT TO TREATMENT

Laser Vein Removal Treatment

I authorize and consent to the treatment of vein removal that involves the use of laser application by the staff of The Ferguson Clinic.

This consent is provided as a means of education for vein removal patients. The intent of this consent is to create an understanding between the provider and the patient as to the methods and risk involved in vein removal.

It should be understood that laser ablation treatments may need to be repeated several times before complete satisfaction is achieved. No guarantees have been made to me regarding the outcome of the treatment or any improvements in my condition due to the procedure.

Risks:

- 1) Pain, burning, blister formation, and stinging sensation at the site of treatment.
- 2) Infection associated with the treatment site.
- 3) Pigmentary (color) changes at the treatment sites including decrease in skin color (hypopigmentation or lightening) and/or increase in skin color (hyperpigmentation or darkening).
- 4) Scar formation at the treated site.
- 5) Laser induced "cold sore like" blistering skin eruptions known as "herpetic" skin eruptions at the treatment site or surrounding tissue.
- 6) Poor cosmetic outcome.
- 7) Recurrence of vessels at the treated site.

Benefits:

- 1) Lightening or Removal of veins in the treatment area.
- 2) Complete removal of veins in the treatment area.



I understand this treatment is entirely voluntary on my part. I hereby indemnify and hold harmless Rohrer Aesthetics, LLC and all individuals associated with Rohrer Aesthetics, LLC, the physician and/or the treating technician, and all staff members at The Ferguson Clinic from any and all liability, damages, cost and expenses arising from or out of the use of the Spectrum Laser System.

I understand that there will be a charge for this and all consecutive treatments unless arrangements have been made otherwise.

I understand that I am making a decision to undergo the treatment, described in the preceding sections and I am subject to the conditions of participation described above.

My below signature indicates that I have decided to receive the treatments, having read and understood this information presented above and having been given the opportunity to ask any questions that I might have about the procedure.

Patient/Guardian's Signature

Date

Witness' Signature

Date