

DATE _____

Place réservée pour l'étiquette

I, _____, hereby authorize Dr. Pierre Larose, vascular surgeon and his associates/assistants to perform a **sclerotherapy** treatment.

I understand that the number of sclerotherapy treatments will depend on the severity of my case, response to treatment, as well as expected results.

I understand and accept that varicose veins are a chronic condition that may evolve over time, which is why additional treatments may be required during follow-up visits.

I, the undersigned, hereby declare having been duly, clearly and unequivocally informed, of this treatment's inherent benefits and risks. Thanks to the explanations given by Dr. Pierre Larose, vascular surgeon, I acknowledge that I have read, understood and give my full consent for this treatment.

CANCELLATIONS MADE 48 HOURS OR LESS BEFORE AN APPOINTMENT WILL BE SUBJECT TO A \$40 FEE PAYABLE DURING YOUR NEXT VISIT.

Signature _____

Witness _____

Date _____

Dr Pierre Larose, M.D., FRCSC
Vascular Surgeon