

**Veingogh consent form**

VEINGOGH SHOULD NOT BE USED BY PATIENTS UNTIL THERE HAS BEEN A COMPLETE DISCUSSION OF THE RISKS AND WRITTEN INFORMED CONSENT HAS BEEN OBTAINED.

## PATIENT CONSENT

My treatment with the VEINGOGH has been personally described to me by Dr Osmat Mizori.

The following points of information, among others, have been specifically discussed and made clear and I have had the opportunity to ask questions concerning this information:

1. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (patient's name) understand that VEINGOGH will be used to treat spider veins, telangiectasia, and other types of skin lesions. I have been examined by my physician and have been cleared for this procedure.

*Initials*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Any and all follow-up treatment (if necessary) needs to be scheduled with South Coast Skin & Vein Clinic to determine if additional treatments are necessary.

3. ***I understand that in most cases there can be scabbing, swelling, and redness present at the treated area for several weeks and that in some cases it might be possible but unlikely that pitted scarring will be present at the treated area and that healing time will vary by patient.***

*Initials:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I have disclosed any or all of the following health concerns:

* I have a pacemaker
* I am an epileptic
* I am pregnant
* ***I have metal allergies (Gold needles must be used)***
* I have used imitation tanning products within the last 7 days on the area that is about to be treated

*Initials*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I now authorize Dr. Osmat Mizori to begin my treatment with VeinGogh.**

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Patient Date