

Patient's Name :-	
Patient ID	
Age:	Gender: male/female
Date:	Location:

## INFORMED CONSENT FOR VASCULAR LESIONS

MACHINE USED-

TREATMENT AREA-

I. \_\_\_\_\_, (the patient) or representative of patient \_\_\_\_\_), have (please tick the correct option above and below).

- Read
- Been explained this consent form in \_\_\_\_\_(name of language ) which I fully understand, and understood the information provided about \_\_\_\_\_ Full name of procedure) given below in this consent form.

Brief description of procedure :

This procedure involves using lasers of certain wavelengths to treat abnormal blood vessels by coagulating the aberrant vessels with laser energy.

Multiple sessions maybe required to achieve desired results which may or may not result in complete removal of the lesion. There will be some pain, swelling, redness, scabbing, crusting & bruising which usually recovers by 7 to 15 days.

Some lesions cannot be removed completely and there is no way one can predict the final outcome and number of sittings.

Intended benefits

Vascular Lesion Laser is used to treat abnormal blood vessels that are seen in conditions such as portwine stain birthmarks, strawberry hemangiomas, telangiectasia (broken capillaries of spider veins), leg veins and rosacea,

I understand that all procedures carry certain risks. The potential risks and complications from the procedure are:

The possible risks of the procedure include but are not limited to pain, purpura, swelling, redness, bruising, blistering, crusting/scab formation, infection, and unforeseen complications which can last up to many months, years or permanently.

There is a risk of scarring, textual and/or color changes in the skin, which can be permanent

I have been explained the implications of not undergoing this procedure and the alternative methods of treatment like surgical excision, z plasty and dermabrasion are an option.

**COST AND PAYMENT POLICY:**

I have been explained about the cost of each session which is Rs\_\_\_\_\_

I am going to pay per session / package basis. Package if opted for includes minimum number of sessions and I have to pay accordingly if any additional sessions or treatments are required.

I am now aware of the intended benefits, possible risks & complications, and available alternatives to the said procedure. I am also aware that results of any procedure can vary from patient to patient and I declare that no guarantees have been made to me regarding success of this procedure. I am aware that while majority of patients have an uneventful procedure and recovery, few cases may be associated with complications. I am aware of the common risks and complications associated with this procedure and understand that it is not possible to list all possible risks and complications of any procedure.

I also understand that sometimes a planned procedure may need to be postponed or cancelled if patients clinical condition demands or due to any unforeseen technical reason. I am also aware that I can withdraw my consent at any point of time at my own risk and consequences, by submitting the withdrawal in writing.

I understand that if medical exigencies demand, further or alternative procedural measures may need to be carried out and in such case there may be difference in the planned and actual procedure.

I am now also aware that during the course of this procedure, the doctor will be assisted by medical and paramedical team, and that the doctor may seek consultation/assistance from relevant specialists if the need arises.

I agree to observing, photography (Still/video/televising) of the procedure ( including my diagnosis /reports pathology, radiology, etc)for academic /medical/medico-legal purposes , provided my identity is not revealed by such acts. I also agree to my clinical details being shared for scientific publications if my identity is not disclosed.

I am also aware of the expected course after the procedure and the post procedural care to be taken .

I declare that I have received & fully understood the information provided in this consent form, that I have given an opportunity to ask questions relating to my alignment, the procedure being performed, its risks, consequences, alternatives, potential; complications and intended benefits and recovery and that all my questions have been answered to my entire satisfaction and there are no misconceptions or false hopes in my mind. I further declare that all fields ( of this form) requiring insertion or completion were filled in my presence at the time of my signing this form.

For the above mentioned operation (s)/procedures(s) that I have been made aware of, I give my consent voluntarily to Dr. (Name of doctor performing the procedure) for carrying out the said procedure on [ ] myself or [ ] my above named patient being fully aware of the nature, potential risks and complications, intended benefits and possible alternatives.

I, above named patient, named patients representative, do further hereby declare that I am above 18 years of age as on the date of signing this form, mentally sound and am giving consent without any fear, threat or false misconception.

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	Signature/thumb impression	Name
Patient		
Surrogate/Guardian (if applicable#)		(Write name relationship with patient)
Reason for surrogate Consent	Patient is unable to give consent because	

\*Right hand the males & left hand for Female #only if patient is a minor or unable to give consent

**Signed by the above on \_\_/\_\_/\_\_\_\_ at \_\_:\_\_ AM /PM**

I, the undersigned doctor, have explained the nature, potential risks and complications intended benefits, expected post-procedure cause and possible alternatives to the planned procedure, to the patient / patient Representative. I am confident he / she has understood the information fully as described in this document.

Consent obtained by: .....