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HeartPlace Plano Sclerotherapy Program

If you notice any type of adverse reaction, please call the office immediately at 972-985-8838.

By my signature below, I acknowledge that I have read and received a copy of the Sclerotherapy Informed Consent Form. Furthermore, I acknowledge that I have been given the opportunity to ask questions and my questions have been answered to my satisfaction. I have been adequately informed of the risks, benefits, and alternative methods of treatment as well as the risks of not treating my condition. I hereby consent to proceed with the Sclerotherapy Treatment. I authorize the taking of clinical photographs which will be used to compare pre and post treatment results and may be used to counsel other patients or for educational lectures and scientific publications.

Signature (patient or patient guardian)

Print Name, Relationship

Date

Witness signature

Print Name, Title

Date

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