



THE VEIN INSTITUTE
AT SOUTHERN SURGICAL ARTS

**MICRO-PHLEBECTOMY AND
LIGATION OF VARICOSE VEINS**

Date of Procedure: _____

I, _____, request and authorize Dr. Vincent W. Gardner and/or his associates or assistants of his choice to perform: Micro-phlebectomy and ligation of varicose veins.

On the date of _____ and such additional or alternative therapeutic operations/procedures as he judgement may dictate on the basis of findings during the course of said operation/procedure.

Dr. Gardner has discussed with and explained to me:

- The nature and purpose of the operation and/or procedure
- The possibility that complications may arise and develop
- The significant risks which may be involved
- The possible alternate methods of treatment, and
- The prognosis if no treatment is received

I understand that no warranty or guarantee has been made as the result of care. I authorize and direct the above named physician and/or associates or assistants to arrange for provisions of such additional services as he or they deem reasonable and necessary, including, but not limited to: the administration and maintenance of anesthesia; and performance of services involving pathology and radiology.

I understand and accept the anesthesia treatment plan for the patient, including the risks, benefits, and alternatives available.

Signature: _____ Date: _____

Witness: _____ Date: _____