HeartPlace Las Colinas

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Patient Name: _____

Radiofrequency Vein Ablation

Patient Consent Form

I hereby authorize Dr. Overbeck to treat my saphenous vein(s) using an Endovenous Radio Frequency Ablation technique also known as the Closure Fast Procedure. He has explained that the device used to perform this procedure is known as the Closure Fast System; it is a commercially available product used specifically for this purpose.

Dr. Overbeck has explained that common symptoms of varicose veins such as; heaviness and pain after standing for a long time, arise from malfunctioning valves in the saphenous vein (the main superficial system vein in the thigh and calf). Satisfactory treatment of varicose vein symptoms is usually achieved by closing the saphenous vein. Although treatment of the saphenous vein using the Closure Fast System should reduce the pressure in my varicose veins and thus relieve many of my symptoms, I understand this consent for the Closure Fast Procedure for treatment of my saphenous vein does not include actual removal of the varicose veins, which may still be visible after the procedure. I also understand that my insurance company may not approve reimbursement for the Closure Fast Procedure for treatment of the saphenous vein and will not reimburse Dr. Overbeck for the procedure of actually removing the cosmetically objectionable varicose vein.

The general nature of the Closure Fast Procedure for treatment of the saphenous vein has been explained to me. I understand that among the known risk of this procedure are: failure to close the saphenous vein, leg swelling, bruising, mild phlebitis (pain, tenderness, redness) over the treated vein, numbness and tingling in the treated area, skin burns, vessel perforation and pulmonary embolisms that may need to be treated with additional surgery. I am aware that in addition to the risks specifically described above, there are other risks that may accompany any surgical procedure, such as intra- and port-operative blood loss, infection and clot formation in the venous system which may require additional medication or surgical intervention as determined by the physician.

Dr. Overbeck has not guaranteed either the results of surgery or freedom form potential complications. I have had sufficient opportunity to discuss my condition and proposed treatment with Dr. Overbeck and all my questions have been answered to my satisfaction. I believe that I have adequate knowledge on which to base an informed consent for treatment.

_____	_____	_____
Patient Signature	Witness	Date