



Free Screening Consent Form

I hereby release the screening physician, all other health care volunteers and Advanced Vein & Interventional from all responsibility in connection with this screening. I consent to participate in a free vein screening at Advanced Vein & Interventional. I understand that I will be screened for venous disease. I further understand that this screening does not constitute a complete medical exam or diagnosis. No one may use my results for any purpose, except for further evaluation at this office. I have read this form and understand the information.

Patient Name _____

Signature _____ Date _____

Witness Signature _____ Date _____

