



## Endovenous Laser Therapy Treatment Form

Patient Last Name: \_\_\_\_\_ Patient First Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Objective:** (Check)

Limb selected for treatment:

Right  Left

Access Site:

Groin  Knee  Ankle

Type of anesthesia:

Local  Spinal  General

Anesthesia \_\_\_\_\_% Lidocaine  
\_\_\_\_\_ml delivered

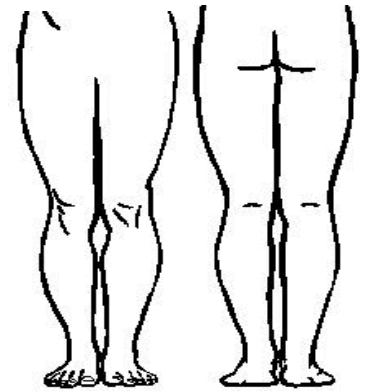
\* Indicate access site, vein length and approximate location

Vein Access Procedure:

Percutaneous  Skin Incision

Vascular Access:

\_\_\_\_\_ Gauge Needle \_\_\_\_\_ Fr. Sheath



**Vein Segment Treated:**

(Check)

**Length**

Great Saphenous Vein, above knee

\_\_\_\_\_

Great Saphenous Vein, below knee

\_\_\_\_\_

Entire Saphenous Vein

\_\_\_\_\_

Other (specify) \_\_\_\_\_

**Laser Details:**

Vari-Lase Kit# \_\_\_\_\_

Total Laser Energy \_\_\_\_\_ Joules

Power \_\_\_\_\_ Watts

Continuous Wave  Pulse

Total Procedure Time \_\_\_\_\_ Minutes

**Complications:** (Check)  Yes  No

If yes, please specify:

Vessel Perforation

Hemorrhage

Hematoma

Vasospasm

Phlebitis

Paresthesia

Skin Injury

Other \_\_\_\_\_

**Immediate Post Treatment:** (Check)

Compression Bandage  Yes  No

Pressure Gradient Stockings Prescribed:  Yes  No

20/30mm Hg

**Comments:**

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date