



AUTHPR

I hereby authorize Dr. \_\_\_\_\_ and/or such assistants selected by him/her to perform a venogram and possible venous thrombolysis of the \_\_\_\_\_ and/or other thrombi identified. This procedure involves puncturing the vein with a needle and sliding a catheter into the vein, injecting X-Ray dye and taking pictures to identify and define the clot. Thrombolysis involves the continuous infusion of clot-dissolving drugs directly into the blocked vein and the infusion of anticoagulant medications for several hours to days. Angioplasty may be performed to help open blocked veins and consists of inflating a small balloon in the vein.

I also authorize the use of conscious sedation during the procedure, which involves giving me sedative medicine through an IV to relax me during the procedure.

I acknowledge the risks of the above procedure, which include blood vessel damage, bleeding, kidney damage, allergic reaction, or infection.

I also acknowledge that the doctor cannot guarantee a good outcome for this procedure or any other procedure. However, I understand that the doctor feels this procedure is the best procedure for my medical condition and that he/she feels the potential benefits outweigh the risks of this procedure.

The doctor has answered to my satisfaction all of the questions I have asked about the procedure, the complications, risks and possible alternatives.

\_\_\_\_\_  
Patient Date Time

\_\_\_\_\_  
Witness Date Time

\_\_\_\_\_  
Relative Date Time

\_\_\_\_\_  
Physician Date Time

 **BAPTIST**  
Memorial Hospital  
Golden Triangle  
**VENOGRAM CONSENT FORM**

▼ ADDRESSOGRAPH / PATIENT LABEL ▼