



**Thank you for choosing Reincke Vein Centers.
We are pleased to welcome you to our practice and look forward to providing you the
most up to date technology in the treatment of varicose veins.**

Consent for Medical and Diagnostic Treatment: I hereby agree and give my consent to the providers and staff of Reincke Vein Centers to provide diagnostic and medical treatment to me to appropriately diagnose my medical condition. I understand my insurance company will be billed for services rendered today, which may include a New Patient Office Visit and/or Complete Bilateral Ultrasound of my lower extremities. I will be responsible for any deductible, co-insurance and/or co-pays that may apply.

Patient Signature (or responsible party)

Date