UAB VEIN CLINIC

SPIDER VEIN TREATMENTS

Patient Name	
Medical Record #	Date
. ,	ic treatments for spider veins and are not covered by clude sclerotherapy, thermocoagulation, or both. Your
check, the payment must be made at least 1 week	at session. You can pay by credit card or check. If you pay by a before your appointment, to allow time for the check to clear. 24 hours before the appointment time, you will be charged a ll be scheduled after each visit.
	nave read and agree to the terms above. I acknowledge that tments. I acknowledge that payment is due in full at the time of
 Signature (Patient or Parent Guardian)	Signature (Witness)
Print Name/Relationship	Print Name/Title
 Date	 Date