

Marina Laser Vein Center

Endovenous Procedure Patient Testimonial Form

Please describe your experience with the endovenous procedure (e.g. how you felt both during and after procedure, duration of procedure, etc.):

Please describe how soon after the procedure was complete you returned to normal activities:

Overall, how was your experience with the endovenous procedure for the removal of your varicose veins?

Would you recommend this procedure to a friend or family member? YES NO

I hereby acknowledge the responses above truthfully reflect my experience with the endovenous laser treatment procedure. I hereby consent to allow the use of these statements by my physician and Dornier MedTech America, Inc. for marketing and promotional purposes. I understand that my full name will not be used and that all possible precautions will be taken to preserve my anonymity.

Name (Please print)

Signature

Date

