

**Patient Information:**

- **Full Name:** \_\_\_\_\_
  - **Date of Birth:** \_\_\_\_\_
  - **Phone Number:** \_\_\_\_\_
  - **Email Address:** \_\_\_\_\_
  - **Address:** \_\_\_\_\_
  - **Emergency Contact Name & Phone Number:** \_\_\_\_\_
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**Service Information:**

- **Service Type:** \_\_\_\_\_
  - **Date of Service:** \_\_\_\_\_
  - **Location:** \_\_\_\_\_
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**Consent to Treatment:**

I, the undersigned, hereby consent to the performance of the procedures deemed necessary by the healthcare professionals at Vein Velocity. I understand that the procedure(s) may involve blood draw service that requires a needle that inserted into a vein to extract blood.

**Risks and Benefits:**

I have been informed of the very minimal risks and benefits associated with the procedure(s) and understand that while complications are rare, they may include but are not limited to infection, bruising, bleeding, fainting, or discomfort. I acknowledge that no guarantees have been made to me about the outcome of the procedure(s).

**Privacy and Confidentiality:**

I understand that my personal health information will be kept confidential and used only for purposes related to my care and treatment. Vein Velocity adheres to all applicable laws and regulations regarding patient privacy.

**Billing and Payment:**

I acknowledge that I am responsible for payment of all services provided by Vein Velocity. I understand that payment is due at the time of service unless other arrangements have been made.

**Patient Rights:**

I understand that I have the right to ask questions and discuss any concerns with the healthcare provider before the procedure. I also have the right to withdraw my consent at any time before the procedure begins.

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**Signature:**

I have read and understood the above information. By signing below, I agree to proceed with the service(s) provided by Vein Velocity.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_