



Venous Screening Program

NAME: _____

Patient Release Form

I hereby release the screening physician, all other health care volunteers and the sponsoring agencies of the American Venous Forum, Venous Screening Program from all responsibility in connection with this screening exam. I understand that I will be screened for venous disease. I further understand that this screening does not constitute a complete medical exam or diagnosis. No one may use my examination results for any purpose, except that information from results may be used in a statistical study as long as my name is not published. I have read the form and understand the information.

Our commitment to you:

Information gathered from you is confidential. The American Venous Forum is collecting information for the purpose of determining the risks of venous disease in our population. We may present the information we have gathered in the groups of people who participate in the screening. Personal identifiers will be separated from all other information and clinical findings. If the findings from this screening are used in any way, no information will be included that would reveal your identity.

Signature: _____ Date: _____