



Laser Treatment Consent

The Laser can treat most toenail fungus by penetrating the nail and destroying the fungus embedded in and under the nail plate. The Laser has no effect on skin or soft tissue. In clinical studies there have been no adverse reactions, injuries, disabilities or known side effects. As with any procedure there is some risk of side effects that are unknown.

I understand that clinical results may vary in different patients. The clinical studies, done this year reveal that over 68% of treated patients show significant nail improvement with one Laser treatment.

I understand that the fungus may not be completely destroyed, that the nail may become re-infected or there may be other types of infection present. The nail may continue to be discolored or not attach to the nail bed. This treatment will not change the shape, width or other deformity of the nail plate. It may be necessary to perform additional treatments to obtain the optimum results.

With this in mind, I am choosing to try the Laser noninvasive treatment for toenail fungus.

I understand that photographs may be taken before and/or after my procedure. I further agree that these photographs can be used in any manner necessary for medical documentation or publication.

I certify that I have read, or have had read to me, the contents of this form. I understand the risks and alternatives involved in this procedure. I have had the opportunities to ask any question that I had, and all my questions have been answered. I agree to the terms of this agreement.

Patient's Name: _____

Signature: _____

Date: _____ Witness: _____