



Laser Toenail Fungus Consent Form

Lasers can treat most toenail fungus by penetrating the nail and destroying the fungus embedded in and under the nail plate. The laser used for this treatment 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 in 2010 reveal that over 68-80% of treated patients show significant nail improvement with one laser treatment.

I understand 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.

I understand it might take up to 9-12 months for a toenail to grow back.

It may be necessary to perform additional treatments to obtain the optimum results. With this in mind, I am choosing to try laser noninvasive treatment for toenail fungus. I understand that exposure of my eyes to light could harm my vision. I must keep the eye protection goggles on at all times.

I understand and agree that all services rendered to me are charged to me directly and that I am personally responsible for payment. No refunds for products and services

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 and release the technician and facility from any liability.

Patient's Name (please print): _____

Signature: _____ Date: _____

Laser Specialist Signature: _____