



Informed Consent Form Callus/Corn Pairing

Patient: _____

Date _____

I hereby authorize Jennifer Gaulin NP or her designee to perform the procedure known as Callus/Corn pairing.

I understand that this procedure is not performed under local anesthesia to treat callus/corn pairing. The procedure will remove the affecting callus/corn causing pain and discomfort. I understand that the practice of medicine is not an exact science, and that no guarantee can be made regarding the outcome of my planned procedure.

The Nurse Practitioner has explained to me that this procedure is generally safe, but that certain risks accompany the procedure. Risks associated with callus/corn pairing include the following:

- Bleeding, sometimes persisting for days after the procedure
- Pain associated with the procedure or the healing process
- Excessive scarring after the procedure
- Infection in the toe or the bones of the foot, or spreading into the body
- Allergic reaction to the procedure instruments
- Rare, unusual reactions, including possible death, from the procedure

I understand that there are alternatives to this procedure, including medications including salicylic acid, shoe inserts, and wearing protective pads. I understand that these alternate procedures may not provide the same benefits as the procedure proposed to me. I understand that I can refuse this procedure.

I understand that unforeseen conditions may alter the planned procedure. I give permission to the nurse practitioner to alter the planned procedure, if necessary, should I need them for the completion of my procedure.

I have read this form and other information given to me by the nurse practitioner. I have had my questions answered to my satisfaction and give consent for the pairing of callus/corn(s).

Patient Name _____

Witness _____

Signature _____ Date: _____