



Informed Consent Form Ingrown Toenail Removal

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 may or may not be performed under local anesthesia to treat cases of ingrown toenails. The procedure will remove the affected portion of the nail causing irritation and swelling. 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 ingrown toenail removal 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 numbing medication or procedure instruments
- Rare, unusual reactions, including possible death, from the procedure

I understand that there are alternatives to this procedure, including antibiotic therapy, cotton-wick insertion below the nail, chemical destruction to the lateral toe, complete removal of the nail, and more extensive laser or surgical procedures. 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 removal of ingrown toenail(s).

Patient Name _____ Witness _____

Signature _____ Date: _____