Informed Consent for Podiatric Procedure

Patient Name: _____ **Date of Birth:** _____

Procedure to Be Performed: _____

Explanation of the Procedure:

I, the undersigned, hereby consent to undergo the procedure described above. This procedure has been explained to me by my provider, Dr. Haytham Mansour, and I understand the purpose, expected benefits, and goals of the treatment.

Potential Risks and Complications:

I understand that, as with any medical procedure, there are potential risks and complications, including but not limited to:

- **Infection:** The risk of infection at the surgical site or injection site.
- **Bleeding or Hematoma:** The possibility of bleeding or bruising.
- **Scarring:** Scarring or changes in skin texture.
- **Nerve or Tissue Damage:** Possible damage to surrounding tissues or nerves.
- **Anesthesia Risks:** If applicable, risks related to anesthesia (e.g. local).
- **Delayed Healing or Non-Healing:** In some cases, healing may take longer than expected or may not occur fully.
- **Pain or Discomfort:** Some pain or discomfort may persist after the procedure.
- **Allergic Reactions:** A possibility of allergic reactions to medications, materials, or anesthetics used.
- **Recurrence:** The possibility of the initial condition or symptoms returning

I have had the opportunity to ask questions and have received answers to my satisfaction. I understand that unforeseen complications may arise, and I will be notified if any adjustments or additional treatments are needed during or after the procedure.

Consent for Minor Patients:

If the patient is a minor, I, the undersigned, as the parent or legal guardian of the minor patient named above, consent to the performance of the procedure described above. I understand that by signing this form, I am authorizing the physician to perform the procedure and manage any necessary follow-up care related to the procedure.

Patient or Legal Guardian Signature: _____

Date: _____

Parent/Guardian Name (if applicable): _____

Relationship to Patient: _____

Witness Signature: _____

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