**Consent to Nail Surgery**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** authorize **Hani Saeed, D.P.M.** to perform the following

procedure/procedures:

**Non-Permanent Nail Avulsion** of the **Permanent Nail Avulsion**

toenail. including the root/matrix of the nail.

The procedure is going to be performed on the following toenail/nails, see the diagram:

**Toe Nail # 1 2 3 4 5**

**Partial Avulsion Total Avulsion**

**Fibular Border/Outside toward Small toe Tibial Border/Inside toward Big toe**

**Right Left**

The possible risks of the procedure includes but not limited to the following: Won't work, infection, swelling, pain, drainage (especially after Permanent Avulsion), recurrence (2-4% after Permanent Avulsion), irritation of the surrounding skin, scarring, disfigurement of the nail, numbness, and or need for more procedures.

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**Patient (Parent or Guardian)**

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**Witness**

