

SURGERY INFORMATION
(Information About Your Podiatric Surgery)

ALTERNATIVE METHODS OF TREATMENT MAY INCLUDE (Doctor will explain):

- | | Patient's Initials |
|---|--------------------|
| 1. Surgical program as explained in this consultation | _____ |
| 2. Wide shoes or change in shoe gear | _____ |
| 3. Periodic care | _____ |
| 4. Antibiotics | _____ |
| 5. Padding and strapping | _____ |
| 6. Prescription orthotic shoe inserts | _____ |
| 7. Change in occupation | _____ |
| 8. Injections | _____ |
| 9. Physical therapy | _____ |
| 10. No treatment at all | _____ |
| 11. _____ | _____ |

POSSIBLE COMPLICATIONS:

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|--|-------|
| 1. Infection and/or inflammation of operated areas | _____ |
| 2. Delayed/non-healing of incisions and/or operated bones | _____ |
| 3. Excessive bleeding | _____ |
| 4. Excessive swelling | _____ |
| 5. Allergic reaction to suture or other implanted materials | _____ |
| 6. Peripheral neurovascular complications (i.e., phlebitis) | _____ |
| 7. Adverse reaction to anesthesia | _____ |
| 8. Loss of toe or foot | _____ |
| 9. Failure of procedure or reoccurrence of condition | _____ |
| 10. Worsening of condition/disability | _____ |
| 11. Flail toe/stiff toe/shorter toe/elevated toe | _____ |
| 12. Transfer lesion/callous | _____ |
| 13. Damage to nerves or vascular structures | _____ |
| 14. Significant or chronic pain | _____ |
| 15. Reflex sympathy dystrophy(painful nerve condition of the foot) | _____ |
| 16. _____ | _____ |

Patient Signature	Date
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Witness	Date
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Chart # _____